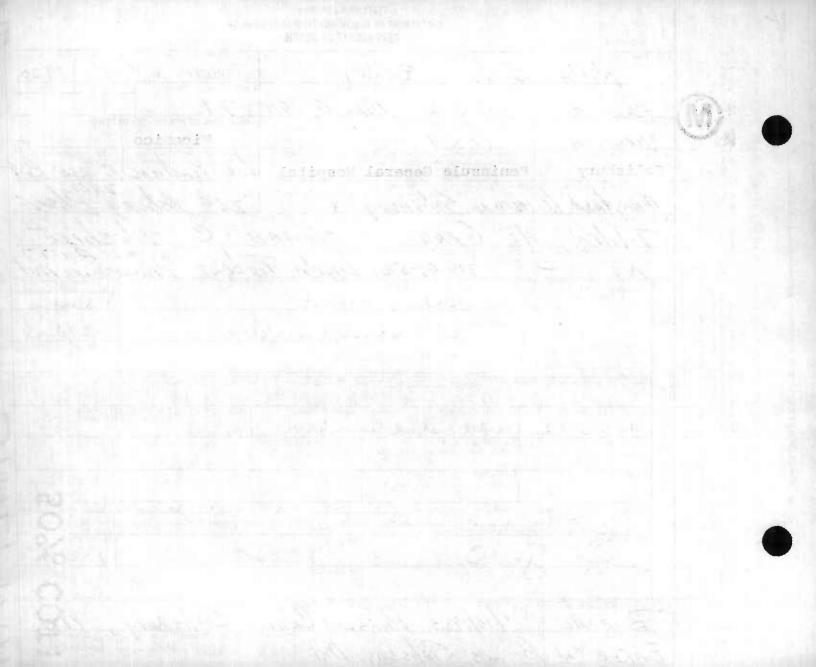
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district Con la The state of the s Active to the second

	1			STATE OF MARYLAND		0 0 1	19 19
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 4 /	
		REGISTRAR			REG. NC		
		OR PRINT	MIDDLE	LAST	20. DATE OF DEATH		2b. HOUR
	1	Killa	SALLY	Bailey	January	6,1983	1920M
-	3. SE	1	4. RACE	S. DATE OF BIRTH	AR	MONTHS DAYS	
M	1 0	TEMALE	WHITE	[1]AR, 14, 1	9//	YRS.	
	O. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE	9. BALTIMORE CITY OF		
ō	10.0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NIL	WIDOWED DIVORCE		MICO	OF BUSINESS OR
81	6	alisbury	Peninsula G	reer address) eneral Hospita	120. USUAL OCCUPATION (TYPE OF WORK FOR WOST OF	MORKING LIFE) INDUSTRY	
must be notified o	13a.		Lillan Gal	OWN 13d. INSIDE CITY LIA	- 11 11	2/ 2/80	Olace
-	14. F/	THER'S NAME		15. MOTHER'S MAID		Shory !	1.
0	-	Tilden	H. GRAG	SAN	LAN C	Alosh	185
Poges		4/1	RMED FORCES? 166 SOCIALS	7-5/6/ LINGA	Taber T	8-#2 K	301127
v 0		No	19-0		IERUCK!	APPRO	EXIMATE MITERVAL N ONSET AND DEATH
emovol.		PART I. DEATH WAS CAUS	only one couse per line for (o), (b) ED BY:			BETWEEN	ONSET AND DEATH
0 0		IMMEDIA	ATE CAUSE (0)	un ament			uu _
notice		4310	DUE TO, OR AS A CONSI	0 ( )		7	- 7 days.
emotion, er troum		Conditions, if ony, which	(b) 000g	averal her	Lylona	-	· raup
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSI	EOUENCE OF		A STATE OF THE STA	
			(c)	TO DEATH BUT NOT RELATED TO TH	TE TERMINIAL DISEASE OR CONS	NITION CIVEN IN DARY	1-
to bu njury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	TO DEATH BUT NOT RECATED TO TH	TE TERMINAL DISEASE OR CONL	ITION GIVEN IN PART I	10
ony it	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIND	
W W	E	12-10-82	Instaged	Lad Cenalower	YES T NOT	IN CERTIFYING CAUSE YES	S OF DEATH?
Item 18 shows	=	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJUR		
H 101 H		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
2 5	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOV	VN COUNTY	STATE
olth and morked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITA OK LOA	R (OUNIT	STATE
			pital) attended the deceased fr	om 12-10 19	82 10 1-6	19 83	, that (1) we) last
of He 21 is		sow the deceased alive a	n 1-6-	19 S, and that in (my) (our)	opinion deoth occurred on the do	te and hour and from the	e couses stoted
VI. If Hem		17h SIGNAURE	ot) view the body ofter death.	DEGREE		22c. DAT	E SIGNED
te D	1	000	2 N	ATTENE	DING MEDICAL STAF		6 43
A Sto	1	THE PHYSICIAN'S NAME (TYPE	OR MINTS	22e ADDRESS			
should be detact with the State DIMPORTANT: IF							
N N	239.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME-OF CEMETERY OR CREATE	ATORY 23d LOCATION		0 -1
		BURIAL-	1/10/1983	PARSONS CE	m. SA/15	BUYY	Int.
50M 4/82	24. F	UNERAL DIRECTOR	1		250. DATE REC'D. BY REGISTRAN	Sh. REGISTRARS SION	ATURE
5, 4)	1	SAKER AN	Bounds. 5%	lissury Ind.	JAN 1 2 1983	oung las	mery.



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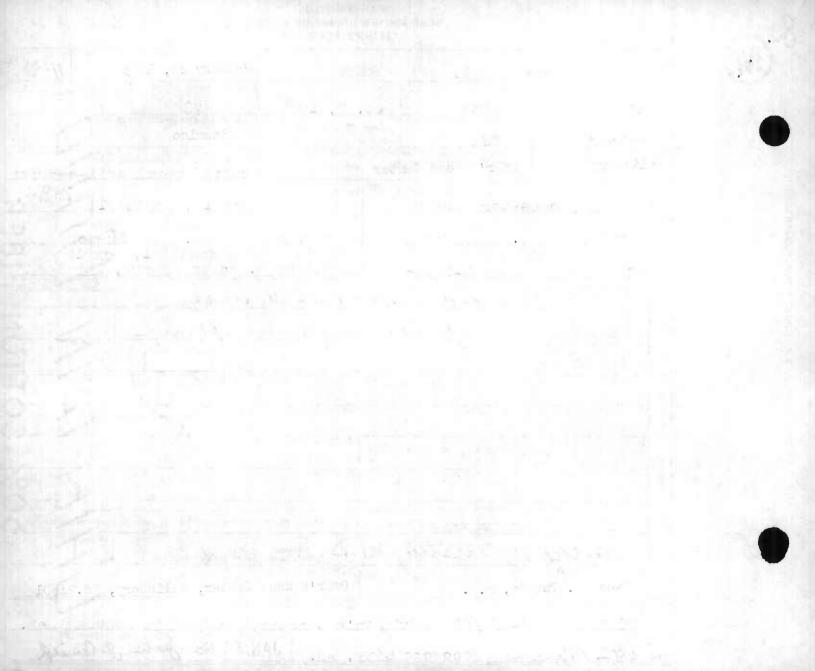
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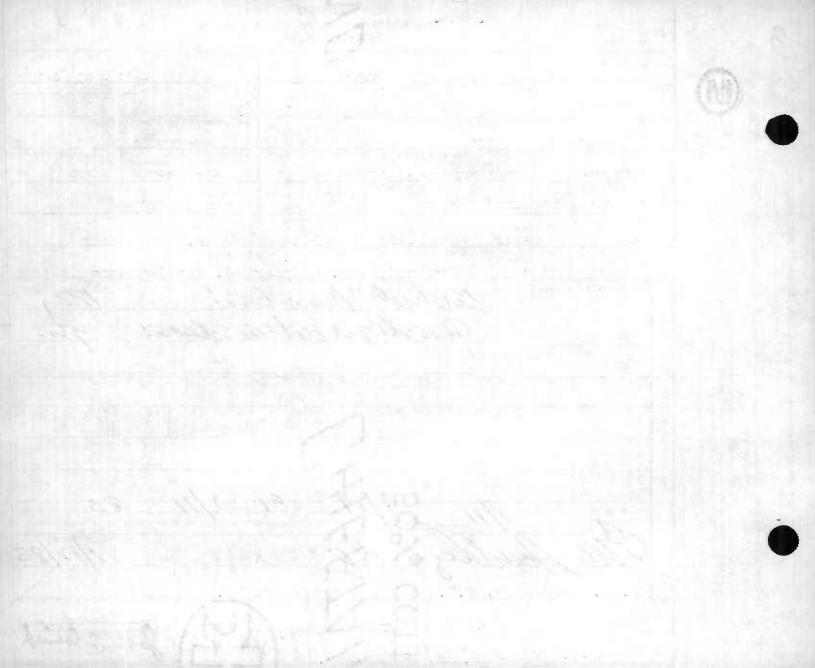
1	4			STATE OF MARYLAND	
2	7	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3	1 1 5 9
0	1990 13		REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	
			CEASED NAME FIRST	MIDDLE , LAST 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
9	(AA)	TYPE	ALICE	e RiggIN Bounds January 15,1	1983 1915
No.	163	3. SE			NDER I YEAR IF UNDER 24 HRS
4	s o	1	EMALE	white 8 2 1874 88 YES	THS DAYS HOURS MIN.
	Pour		RTHPLACE STATE OF FOREIGN	7h CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF	DEATH
1	Dineral National Nati	N	PARY LAND	U, S, B MARRIED □ NEVER MARRIED □ Wicomico	MD.
į	Se King		TY OR YOWN OF DEATH		12b. KIND OF BUSINESS OR
100	i ed t	S	alisbury	Peninsula General Hospital HouseWife	DWN Home
213	Id be		L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]  NTY 134, CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET, ADDRESS:	1 0.21801
AND 0 24	田田 別	MI	ryland Wice	OMICO SAUSDURY YES NO REHTCRESTW	ood Circle
RYL	t 2 sh	14. FA	THER'S NAME	MIDDLE O LAST , IS MOTHER'S MAIDEN NAME	1 links
MA	Tage S		George	RISSIN NIAry	1066And
ORE	- 50 0 4		AS DECEASED EVER IN U.S. AR	NE WAR OR DATES)	17
BALTIMOR	s. Poge		NO -	220-32-9267 Louise B. Smith See Sec	
BAL	ysici oper wol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	g ph onp ever			TE CAUSE (0) Staph. Preumonia	
NO E	nding corbo	~	4824	DUE TO, OR AS A CONSEQUENCE OF	
RESTOR	attendin nove cork otion, or froumatic		Conditions, if ony, which gove rise to immediate	(b)	
W. PRESTON	the rem		couse (o), stating the	DUE TO, OR AS A CONSEQUENCE OF	
201 V	d by lease iol, c		underlying cause lost.	(c)	
S, 2	en p bur	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N PART Ito
0.00	t. The ior to y injury	TIO	Unin	ray Track Infection due to E. Coli	EDE EINID IN LOCALISTS
REC low	hos be permi	CERTIFICATION	190 DATE OF OPERATION		ERE FINDINGS USED G CAUSES OF DEATH?
TAL	0 + 0 0	ERTI	21g. ACCIDENT WAS UNDERLYING	YES NO YES YES 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	NO P
Y X	ding physicistic certificate burial-transi Mental Hyg		OR CONTRIBUTING CAUSE OF DEA		OR PART 2)
O N	certification of the state of t	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER	R) P.M. 19 210. PLACE OF INJURY 211 LOCATION	
DIVISION OF VITAL RECORDS,	d d d d	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
	F 0 = D			ital) attended the deceased from /-/6- 19-83 to /- (5- 19-	63
N N	OR: OR: Hee		sow the deceased alive on	1 10- 0-3	from the causes stated
A	ospi d fo		obove, (I) (we) (did) (did ac 22b. SIGNATURE	w) view the body ofter death.  DEGREE	22c. DATE SIGNED
0	9 000 1		1	ATTENDING _ MEDICAL _ STAFF _	1 15 53
IAI	by th		22d. PHYSICIAN'S NAME (TYPE O	ORPRINI)  220 ADDRESS  PHYSICIAN DIRECTOR PHYSICIAN	1-10-03
HOSPI	Id b		The Fitt Sicial Styling (Tire of		m. acc
2	TO FUNE should be with the Si	22 2	CIAMES	S A. CLIFFORD M.D. #12 MFDICH CENTER SALE	SISURY 140 2180
W	100	230 E	URIAL, CREMATION, REMOVAL	O O O O O O O O O O O O O O O O O O O	JUNEY STAT
	BP	24 FI	DOPIA L	1/18/1983 PArsons Cenetery Salisbury W	I C MO
DHA	MH - 16 50M 4/82 (VRA 15, 4)	B	AKEN TRANS	105 Salisburg Md 2180/ JAN 191983	T. County
	(VICH 10, 4)	U	HYCL A DOOL	O SAIDON TITLE THE TAIL THE	

erprison at the Annual State of the Contract A CONTRACTOR OF THE PARTY OF TH Cition and Statement Secretary Comment Statement Comments The material was tree ... If #7 Ingsteen the Land E WALL SKY LAW THE THE STATE OF The world the said th Same to the market the good of the contract of the contract of 

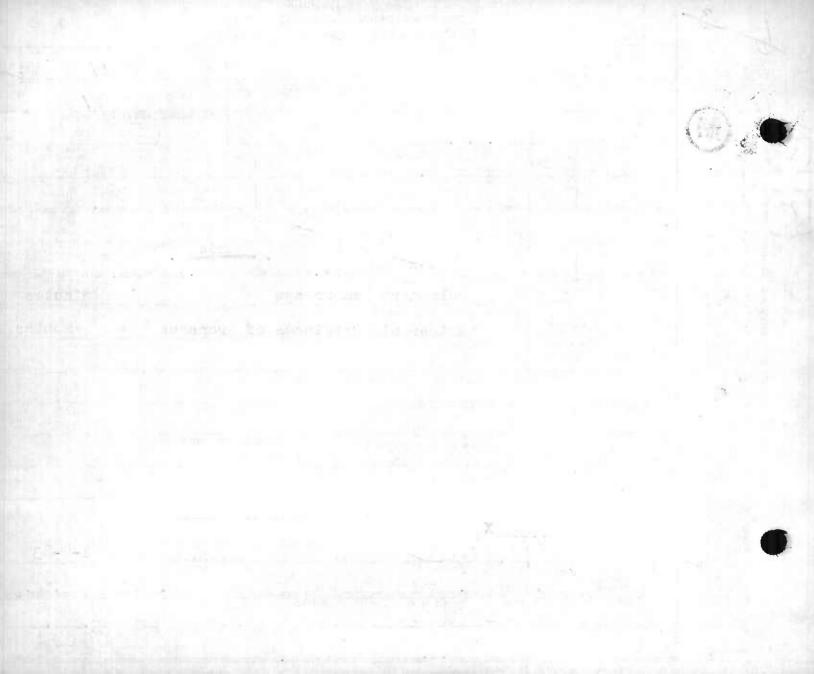


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	1	FOR			DEPAR	TMENT OF H	EALTH AND	MENTAL HYG	IENE 8 5	U	2	1	0	
	1 -	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	250	NO				
	1 DE	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DEATI	, NO.	DAY	YEAR	2b. HO	ID
		OR PRINT)	FIRST				,,,,,,		Zu. DAIL OF BLAIN	,			26. 1100	TOM
			VIOLA	M	av	BRA	DLEY			1-	11 -	- 83	4:	20-4
	3. SE	(		4. RACE		5. DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)		RIYEAR		R 24 HRS
		FEMALE		7.7		MONTH	57	O2	80	une	MONTHS	DAYS	HOURS	MIN.
15	70 BI	RTHPLACE (STATE OR	COREIGNI	W CITIZENI OF	WHAT COUNTRY	(2 8	5/	02	9 BALTIMORE CIT	YRS.	Y OF DE	ATH		
11.	(	COUNTRY)	OREIGIA	70. C1112E14 OF	WITAT COUNTRY	MARRIE	DEVER	MARRIED -	, BALTIMORE CIT	OK COOK		~~~		
4		DELAW		US.		WIDOWE		IVORCED		COMICO				MD.
1/2	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INS	TITUTION	128 USUAL OCCUP			KIND O	FBUSIN	ESS OR
7.0	0	SALISBURY			BURY NUR		OME			EWIFE		none	2	
-	USU	AL RESIDENCE OF NURS	ING HOME OF				OFIE		A STEEL ALL					
L	13a S	ryland					13d INSIDE		13e. STREET ADDRE		/	710	33	^
2	-		MICC	mico	Hebro	Π	YES 🗌	NO 🗌	Main S	treet	- 0	416	1 0	2
20	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	F		LAST	ī	
4		John	Г	avis	Phil	line	Δ.	llie	F		Ho	arn		
	16a. V	AS DECEASED EVER			166 SOCIAL SEC		17. INFORM		sband) AD	DRESS	1100			
1		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	000 07				,					
	No	)			222-07	-5664	Mr.	lliffo	rd J. Br	adley			as :	13
/		18 CAUSE OF DEAT	H (Enter or	ly one couse per	ling for (0), (b)	and (c)	(11		1 - 1		8	APPROXI	MATE INTE	RVAL D DEATH
		PART I. DEATH WAS CAUSED BY:										10	a	7
		4340	BroneDor	T				1					1	
				DUE TO, O	"CHOMES	2 MA	2-1	-1,10	sid Sale	120		4	100	
		Conditions, if any, gove rise to imm		(6)-	7000	der 1	0	will	10 sun	200		-/		-
		couse (a), statir	ig the	DUE TO, O	AS A CONSEQ	UENCE OF								
		underlying couse	lost.	(e)				1970						
		PART 2 OTHER SIGN	VIFICANT (	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR C	ONDITION GIV	VEN IN F	PART 1ro		
	NO.													
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YE	S. WERE	FINDIN	IGS USE	D
54	FIC									IN CERTI		AUSES		
1	RTI						I a suprantino		YES NO	_	ES 🔲		NO [	
		OR CONTRIBUTING	_	21b. TIME C		DAY YEAR	210 HOW I	AJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1B	PART I OR	PART 2)		
1	AL	(IF EITHER NOTIFY MEDI			,M,	19	N .							
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATI	ON		LAN INC.				
	W	WHILE NOT WE	HLE	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC )	STREE	T	CITY C	RTOWN	CO	UNTY		STATE
		AT WORK AT WO				91	17	81	1/	1	-0	-		
		220.1 certify that (I)			e deceased from	1		19			190			(we) lost
		sow the paceos	ed olive on did) (did no	1) view the body	ofter death?	, 01	nd that in (my	) (our) opinion	deoth occurred on th	e date and har	ur and fi	rom the	couses st	oted
		226 SIGNATURE		//	1//	C.W	DEGREE			-	22	E DATE	EIGNED	/
		1////	1 0	10/11/	Nen.	1	40	PHYSICIAN D	MEDICAL PH	TAFF	-	111	12/	83
-	/	271)PHYSICIAN'S N	ME WOE	AU CO			220. ADDRE		DIKECTOR   PH	SICIAN		11	1	
1.	//				0									
		E. M. E	eard	sley,	M.D.		Sal:	sbury	, Md.					
	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION					
	Bi	specify)		1/14	102 -	To lo		E	CITY OR TOWN		COUN	Ma	ryl	STATE
		NERAL DIRECTOR		1/14	/03	tebro	Ceme	teny	Hebron	APINIO	The C	TALAT	PE-	The state of
					ADDRESS			ZJE DA	AN 1 7 198	3	and	35	the	M
	110	LLOWAY F	UNER	AL HOM	E. Sali	sbury	. Md.	3	LIL T I 100			•		



2 -	IT	EM 17 #G5'	75 1/13	/83 ph	S1	ATE OF A	MARYLAND					
1	11-	FOR STATE			DEPARTMENT O				<b>3</b> {	0 2	10	Las
1		REGISTRAR		ME	DICAL EXAM	INER'S		E OF DEATH	REG.	NO.		
10		CEASED NAME	FIRST		WIDDIE		LAST		ATE KNOWN	MONTH	DAY YEAR	26. HOUR
2000		Vi	ncent	K	ing	Bri	ttingha	m Di	OF ESTI-	1 1 2	7 198:	3 8:36
PLEASE ECTOR 7 FILES HOURS STREET,	3. SE		CE	5. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UP	DER I YR. IF UN	DER 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d ROUR
N S S S S S S S S S S S S S S S S S S S		M W		9 4	1909 73		HS DAYS HOUR	MIN PRO	NOUNCED DEAD	1	2 \$ 19 83	3 II M
		THPLACE (STATE OF		76. CITIZEN OF W	HAT COUNTRY?	Ta .	IED TO NEVER M.	4 DOUED 17 9. B/	LTIMORE CITY	OR COUN		
自然 MATT		oreign country) Maryland		U.S.	7	WIDOV			licomic	70		140
Sin may	10 C	ITY OR TOWN OF DI	EATH	II. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH			CCUPATION (	TYPE OF WORK	126 KIND OF B	USINESS
RE, MD. 21201 EATH. IF ANY DELAY IS EST, 2, AND 3 TO THE F NM 3. RETAIN PAGE ND 2 SHOULD BE FILE MATA RECORDS, 201	1	Caliabas			ACILITY, GIVE STREET ADDRES				OF WORKING LIFE)		OR INDUS	TRY
21201 ANY DELAY AND 3 TO TH RETAIN PACHOUD BE FILL FOOR SEE	WSU.	Salisbur AL RESIDENCE (IF IN A	JURSING HOME OR	Parke OTHER INSTITUTION, G	r Rd (A	E HOM	e)	Agent		5 .0.	Union	
AND 3	. 13a. S	TATE	136 COUNT	Υ	13c. CITY OR TOWN	4	134 INSIDE CITY LIMIT			2180		
D. 2. A. 2. 2. A. 4. 2. S. F. A. 4. 2. S. 5. S. F. A. 4. 2. S. F. A. 4. 2. S. 5. S. 5. S. F. A. 4. 2. S. 5. S. 5. S. 5. S. F. A. 4. 2. S. 5. S. 5. S. F. A. 4. 2. S. 5. S. F. 5. S. F. 5. S.		aryland	Wice	omico	Salis	bury	YES NO		er Roa	d (R	t.#8)	
MD. HH. IF.	14. 1.	ATHER'S NAME FIRST		WIDDLE	ŁAST		15. MOTHER'S M.	AIDEN NAME	MIDOLE		LAST	
DEATH. MACE THE WAY		rnest		assett	Britting		Marg	ie B	elle	Dei	nnis	
ON THE PAR	16s. V	VAS DECEASED EVE	R IN U.S. ARM (IF YES, GIVE W	ED FORCES? AR OR DATES)	166. SOCIAL SECUI	RITY NO.	17. INFORMANT Mrs	MMari	E ADDRE	ss	ingham	Wife
RS AFTER DEAT GIVE PAGES I VITH FORM PA PAGES I AND DIVISION OF WILL	N	0			214-10	-9910					Salieh	1237
HOURS M 18. G M 18. G WIT P. RMIT. P.		18 CAUSE OF DEA	ATH (Enter only		e for (a), (b), and (c).)					ld. 2	1 8 PROXIMA	E INTERVAL
PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18. HER ALONG W ANSI PERMIT. REMOVAL.		PARTIDEATH	WAS CAUSED IMMEDIATE		Pulmonar	y Hem	orrhage				minut	es
STOR N ITE N ITE N ITE OVA		1027	Branco		AS A CONSEQUENC	E OF					100	77
WITHIN WITHIN NCIL IN INDER A		Conditions, if		0.5	Epidermo	id Ca	rcinoma	of Bro	nchus		mor	iths
W. W. MIN		gove rise to cause (a) statir		(~)	AS A CONSEQUENCE		1 021101110	01 210				
ZOI IN P EXA IAL-		lying couse las	<u>t.</u>									
RDS, 201 V EXECUTED NG" IN PR IGAL EXA A BURIAL - 1 AND MEI		PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	NTRIBITING TO DEATH	BUT NOT RELATED TO THE T	EDMINAL DICEAS	OB CONDITION CIVEN	IN BARY 1				
RECORDS, TD BE EXEC PENDING" MEDICAL A REJECT A REJECT OR SA BURI EATTH ANI CREMATIC	Z			THE STATE OF STATE	BOT NOT RELATED TO THE I	ERMINAL UISCAS	C OK CONDITION GIVEN	IN PART 1 (g).				
- CREASE	CERTIFICATION	19c. DATE OF OPER	RATION	TIBL CONDI	TION FOR WHICH OF	ED ATION VA	AS DEDECORATED?				Teavoor.	10
SHOULD YORD "PE CHIEF A TO FHE BURIAL, C	1 2	The Ball of Ores		170. COND	HONFOR WHICH OF	EKATION W	AS PERFORMED:				20 AUTOPSY	7
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7 2	21a EXTERNAL CA	ICE VALAC	21b. TIME O	F IN LAURY	20.00					YES 🗌	NO
IN OF THE WEST OF			OR		A. MONTH DAY YE	AR ZIC H	OW INJURY OCCU	IRRED (ENTER NATUR	OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
DIVISION OF CRTIFICATE RITING THE W ROED TO THE E 3 SHOULD IE E DEPARTMEN	MEDICAL	CONTRIBUTING	CAUSE OF DE									
CERTIF CERTIF TING 1 3 SHC DEPAR	AED	21d INJURY OCCU	RRED		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY	ORTOWN		UNTY	STATE
DI THIS ( WARE PAGE 21201	*	WHILE NO	WORK					Cit	OK TOWN		701411	STATE
EXAMINER: TI CERTIFICATE, DILD BE FORW DIRECTOR: PL WITH THE ST.				of the remains de	scribed abave, held ar	Autop	ry   large	ection . In	guiry X	and in my o	22	
A STOTE A	١.	death resulted fro		Gyuses 😿 ,		Suicide	, Homicide				pinion	
REGISTER NITH		geam resulted tro	III: Natura	A A	Accident,	Suicide []		Undetermin	ea manner	١,		
Z S S S S S S S S S S S S S S S S S S S	1	ACTUAL	11	11/	. /		TITLE (SPECIFY			DATE	1-4-8	33
SE S	1	SIGNATURE	///		<b>\</b>	M	Deputy	MEDICAL	EXAMINER	SIGNI	ED	
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EXAMINER'S NAMI	Dr	Farl I	Douge		407	Comdon	7	C-14	- laneary N	r.3
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DELECTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	22.0	(TYPE OR PRINT)	Dr.	Earl L			ADDRESS 407			pall	sbury,	1Q.
	(:	URIAL, CREMATION,	KEMOVAL 73	D. DAIL	23c. NAME OF			23d. LOCATI	VN	cou	NTY S	TATE
BP	24 5	Burial UNERAL DIRECTOR		1-6-19	83 Jerus	alem	Church	Cem. Par	sonsbu	rg W		
DHMH - 17	-	NAME		ADDRESS	3		230. DA	TE REC'D. BY REG	STRAR ZOO. RE	GISTRAR'S	IGNATURE	4
(VR A15 ME (5) ) 15M 2/80	H	OLLOWAY	FUNER!	AL HOME	P.A. SAI	ISBU	RY MD	11 130	) 1°			



## (TYPE OR PRINT) ANDREW DULANIE 4 RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Male White June 16. 1917 65 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Wicomico Virginia USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION Peninsula General Hospital ITYPE OF WORK FOR MOST OF WORKING LIFE Salisbury Trucker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131 COUNTY 132. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Virginia Accomack Bloxom YES T NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Dulante MIDDLE Crippen Bundick Lee ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-22-1757 Bloxom, Va. Alma R. Bundick 18. CAUSE OF DEATH (Enter only one cause per line for 70), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION ä IN CERTIFYING CAUSES OF DEATH? NO Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 ( IF SITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED ?1e. PLACE OF INJURY ŏ CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased office on obove, (I) (we) and did not) view the bady after death. (our) opinion death occurred an the date and hour and from the causes stated and that in (my) 22b. SIGNATURE DEGREE Inldadi ATTENDING MEDICAL STAFF FUNERAL old be deto MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 % 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Parksley Burlal 1/25/83 Liberty Cemetery

camp Parksley, Va.

FOR - STATE

1. DECEASED NAME

24 FUNERAL DIRECTOR

WH #16 50M 4/B2 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚼

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

7h HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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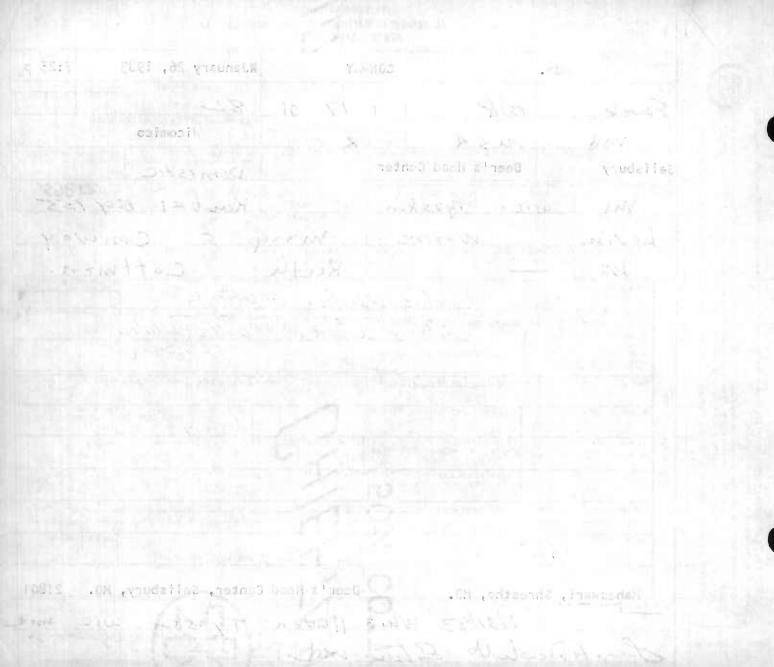
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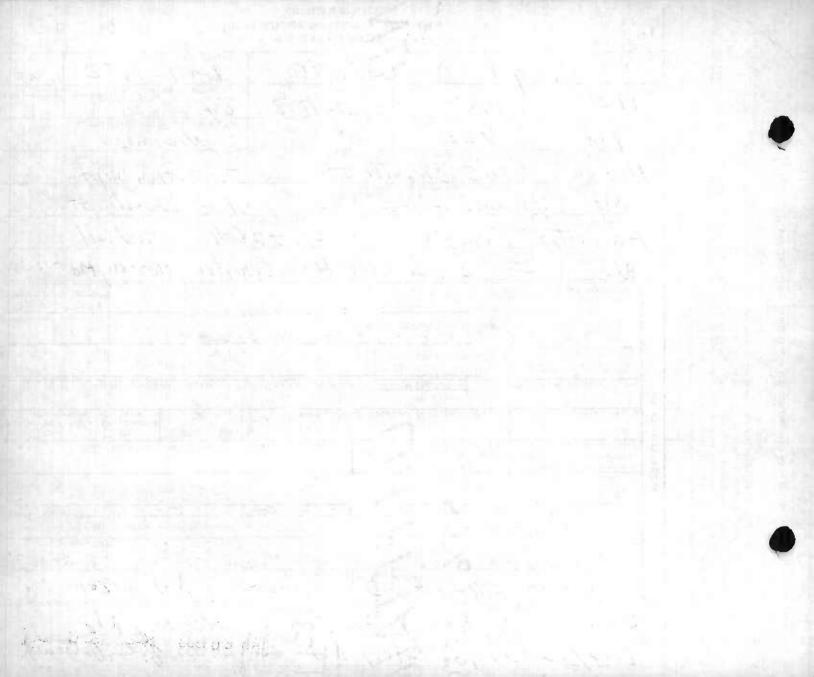
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18. CHY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSHIGH HOME OR OTHER INSTITUTION   17. PROPRIATE   12. STATE   13. STATE	SALISBURY  MALILIAM  SALISBURY  SALISBURY  SALISBURY  MALILIAM  SALISBURY  SALISBURY  SALISBURY  SALISBURY  SALISBURY  SALISBURY  SALISBURY  SALISBURY  MALILIAM  SALISBURY  SALISBURY  SALISBURY  MALILIAM  SALISBURY  SALI	TO SIRTHPLACE I STATE OF FOREIGN COUNTRY OF THE CONTRIBUTION OF THE COUNTRY OF TH	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER MARRIED . 9. BALTIMORE CITY OR COUNTY OF DEATH
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PHYSICIAN DIRECTOR DI	220. BURIAL, CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY OR CREMATORY 236. LOCATION STORM COUNTY COU	sow the deceased alive above, (I) (we) (did) (did)	on
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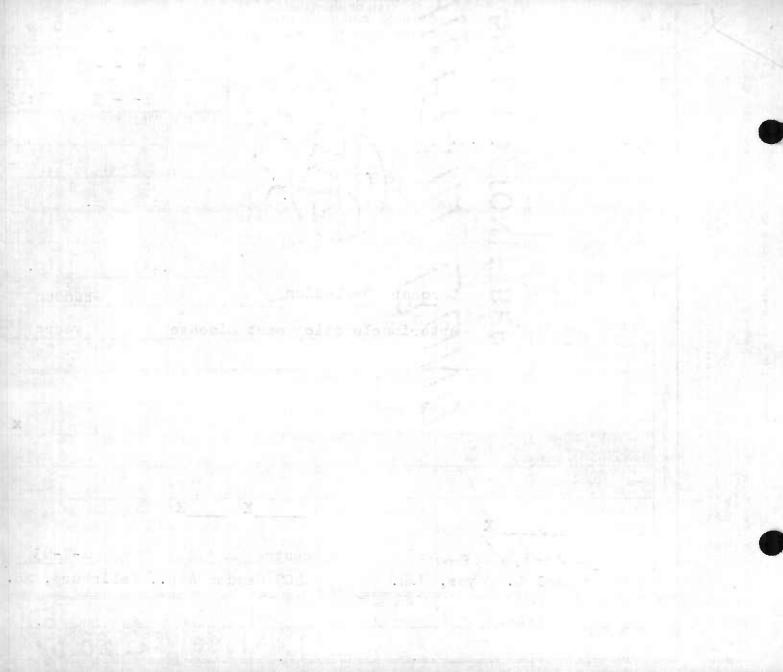
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gned by the ottending physician in please remove carbon papers. P. burial, cremotian, ar removal. ry, or other troumatic event, the m		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b)	clero ho	Cardio Vasu Arsea	26
has been si permit. The ene prior to tws ony inju	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES \( \text{ NO } \)
is certificate has burial-transit per Mental Hygiene or Hem 18 shows		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
the bu	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
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0 7 2		226. SIGNATURE	hiesta	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He WOOTANT: If them 21 is		226. PHYSICIAN'S NAME TYPE OF PR	INT)	220. ADDRESS		



6	1.	STATE REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO	0 2 /	0 /
ay be bage 3 death		CEASED NAME FIRST	MIDDLE COVIN	ngton	20. DATE OF DEATH	_ 1983	12:30 A.M
ge 4 m ector, p	3. SE	Male !	NAITE S. DATE OF BIE	- N8.98	6 AGE (IN YEARS LAST BIRT)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
deoth Page unerol direc		IRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY OF	om 1 & 8	MD
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The low recion.  ricion.  ssi permit. I	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION W.		20a AUTOPSY?	206, IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
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DING PHYS or ottendir After this e os the bu morked or	MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION	CITY OR TOW	N COUNTY	STATE
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Che he	1	226. SIGNATURE Wallu -	or energy the	ATTENDING _	MEDICAL STAF		2083
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57 - 1-2 × ₹	(	BUUZI	36 DATE 9/83 236 NAME OF CEME	TERY OR CREMATORY	23d. LOCATION		STATE
DHMH-16 60M 1/73	1 24. FI	UNERAL DIRECTOR	L Brownlup	MA 250. DATE	N 2 6 1983	756 RGISTRAR'S SIGNA	shill



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) DEATH MATED IX Earl Lerov Donaway DATE OF BIRTH 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 191 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Maryland
OCITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Salisbury Priscilla St. Employee (Open SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Salisbury 709 Priscilla St. Maryland Wicomico 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Catherine Donaway Margaret IAM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Glady SDD Rith Donaway 709 Priscilla St., Salisbury, Md. 214-10-7897 WWILI 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Coronary Occlusion PARTIDEATH WAS CAUSED BY sudden MAMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Heart Disease vears gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Natoral causes death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl Royer, M.D. FFFPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 1-8-1983 Parson's Cemeterv Salisbury Wicomico Md. Burial DATE REC'D. BY REGISTRAR 25 SEGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) Holloway Funeral Home P.A. Salisbury 15M 2/80



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 -	FOR - STATE REGISTRAR	DEPAR	CERTIFIC	OF MARYLAND LITH AND MENTAL HYG ATE OF DEATH	REG. NO		70
15		CEASED NAME FIRST	MIDDLE	DR	YDEN	20. DATE OF DEATH	ARY 25, 1983	26. HOUR 0927 M
	3. SE	x 7.101	HRACE .	5. DATE OF		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female	White	MONTH	15-1902	81	YRS. MONTHS DAVS	HOURS MIN.
Sie.	10 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR Wicomic		MD
Street of	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Peninsula	SING HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPATIO	N 126. KIND	OF BUSINESS OR
Mar be m		alisbury AL RESIDENCE IN NURSING HOME OR STATE 11311 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	d. INSIDE CITY LIMITS?	Pag One Off	RA (No.	21864
Ominer of the state of the stat	14. FA	ATHER'S NAME	Caster Siech	1	YES NO	ME MIDDLE	do do	Shal
dicol ex		WAS DECEASED EVER IN U.S. AR YES, NO (R. N. N. N. N. N. ) (IF YES, GIV	MED FORCES? 16b. SOCIAL SE E WAR OR DATES)	CURITY NO. I	7 INFORMANT	ADDRES	SS USI	11-
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uo smo	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSE  YES	
Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
morked or	MED	21d. INJURY OCCURRED  WHILE OF WHILE OF WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		TIL LOCATION STREET	CITY OR TOW	OUNTY	STATE
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T. H Hea		226 SIGNATUR	7710			DIRECTOR   PHYSICI	F /	25/83
MPORTANT: #		22d. PHYSICIAN'S NAME	offet Es		AZO. ADDRESS	H		
	23a. I	BURIAL, CREMATION, REMOVAL	1-27-83 12	A// Ha	AETERY CHIEF	23d. LOCATION SIGNAL SI	Hill Mary	state/
4/82	24 F	UNERAL DIRECTOR	&ADDRES	s //	250. DA	N 3 1 1983	PREGISTRANTS INT	thill

TENNE Shire I - 15 This Shorten State S the same of the sa calisbury Peninsula General Borgisal Physics Fee Pass From Bory and Milles Tax Street - Thermore Rel ON Miller Land 10 - Die ste 1541 - Tollet, P. Direckey Elizary Hilly State BHILD 1-37-83 Fill Halles Sing Will Hall Williams T. Dennis, Sugar, Till old

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED X 1-28 EDWARDS ADELINE 4 RACE 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE 66 INTHONY PRONOUNCED 25 16 Black Female 20P DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED & CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
513 Tangier RM PM 3. RETAIN PAGE 1 AND 2 SHOULD BE FILL OF WITH RECORDS 31 Salisbury Aborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21801 Wicomico Salisbury 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE Md. Tangier 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1 INFORMAN ADDRESS AS A BURIAL - TRANSIT PERMIT. PAGES I ALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) as 76-20-3568 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Chronic Congestive Heart Failure months ON IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. USED AS A BURIAL OF HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION DEPARTMENT OF HEAD I PRIOR TO BURIAL, O 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🗌 NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STATE D CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTMORE, MARYLAND, 21; Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Homicide Undetermined monner Accident Suicide Natural causes TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER DATE 1-31-83 SIGNATURE EXAMINER'S MAME ADDRESS 109 Rover, M.D. Camden Ave. . Salisbury (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 731/ NAME OF CEMETERY OR CREMATOR BP. 250. DATE REC'D. 25V REGISTRAR'S SIGNATUR **DHMH - 17** Russell Fooks, Salisbury, (VR A15 ME (5)) 20M 4/82

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2 0			id not) vie	w the body after death.	19 0 0	nd that in (my) (a	our) opinion de	eath accurred on the de	ite and hour	and from the c	auses stated
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5, 4)		WILSON FUND	ERAL	HOME SA	LISBUR	Y.MD.	JAN	1 2 1983	John	-J. 14	help

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Page 4 m	Tractor, p	3 SE	Male	BIJICK	S DATE OF BIRTHO 1906 MOSH PAY 1908	76 9 YRS	FUNDER 1 YEAR IF UNDER 24 HIS ONTHS DAYS HOURS MIN
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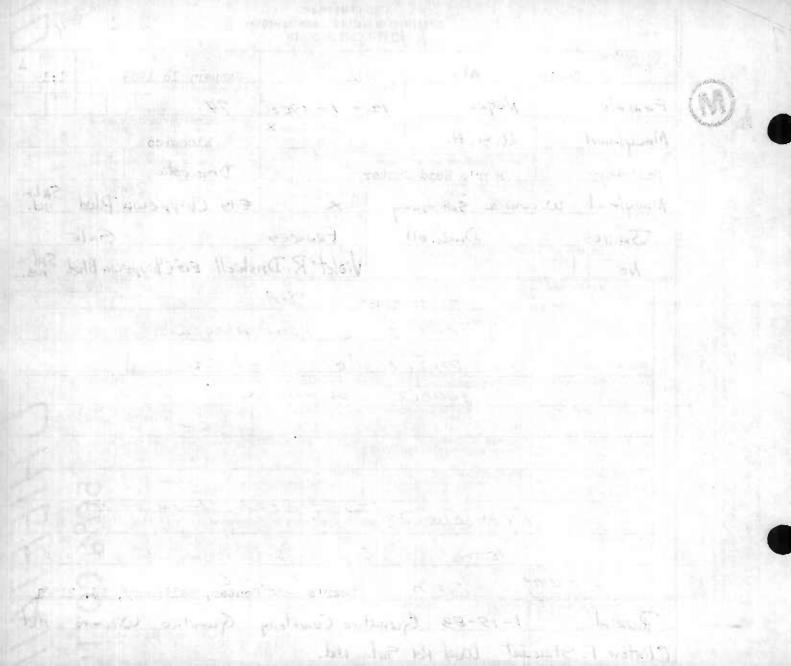
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAP DECEASED NAME MIDDLE 20. DATE KNOWN MONTH OF ESTI-HARRIETT FISHER 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED White Female 26 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico SEDCAIA WIDOWED DIVORCED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS General Hospital Salisbury HOME USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS 13a STATE Wicomico Salisbury 13d. INSIDE CITY LIMITS? Church VITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Josephine MIDDLE Stamey Garnett Fortner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS EYES, NO. OR UNKNOWNS 212-24-2529 Liber Losephine Decker 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH CHIEF MEDICAL EXAMINER ALONG
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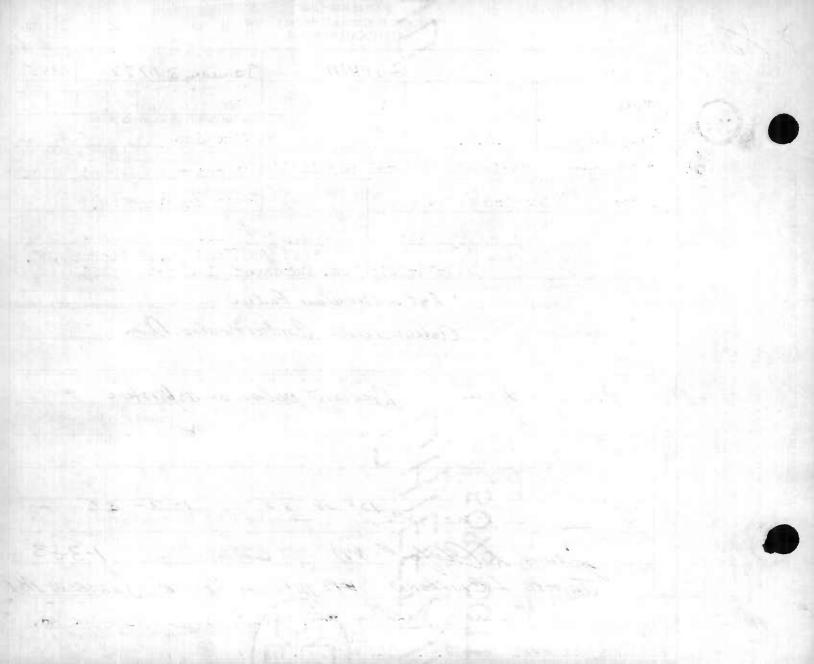
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HMH - 17 A15 ME (5) )		ineral directo	Funera	1 Home	, Pri	ncess	Ann	e, Md	50. DATE RE	1 7 1983	STRAR 756.	REGISTRAR'S	Court	

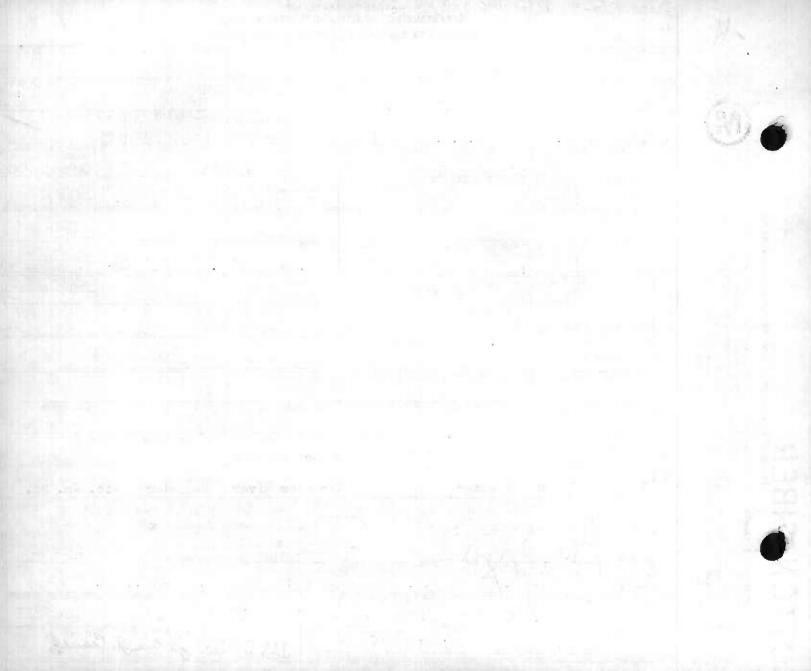
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4	10. 0	Salisbury	II. NAME OF HOSPITAL, NU.  (IF NOT IN SUCH FACILITY, GIVES  Peninsula C	rsing home or other institution meet address) eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Clothier	12b. KIND OF BUSINESS OR INDUSTRY  Men's Clot
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to low requires that the death control on the signed by the attending permit. Then please remove carbene prior to burial, cremation, or pays any injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 3 OTHER SIGNIFICANT  PART 5 OTHER SIGNIFICANT  19a DATE OF OPERATION	's Disease .	EQUENCE OF	200 AUT PRY? 200 IF Y	IVEN IN PART TO SECULATION OF THE PART TO SECURE THE PA
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hospitol hospitol IRECTOR: hed for us lept. of Hem 21 is		sow the deceased alive or	ot) view the body after death.	19 8 3, and that in (my) ( <del>our)</del> opinion	death accurred on the date and ha	
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DHMH - 16 50M 4/82		UNERAL DIRECTOR		21801 25a. DA	TE REC'D. BY REGISTRAR 256 REGIS	
(VRA 15, 4)	H	olloway Fune	ral Home P.A	Salisbury, Md.	AN 7 1983 7	and while



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3. SEX	4 RA		5 DATE OF BIRTH		YEARS IF UN	DER 1 YR. IF U		2c. DATE	монтн	DAY YE.	14 11001
M	ALE N	EGRO	3 8		YRS.	S DAYS HOL	JRS MIN	PRONOUNCED DEAD	1	22 19 8	3 12:2
	RTHPLACE (STATE O	)R	76. CITIZEN OF WH	AT COUNTRY?	8. MARRI	D NEVER	MARRIED X	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
	ALISBURY,	MD.	U.S	S.A.	WIDOW		VORCED	Wicomico (	County	V	ME
10. CI	TY OR TOWN OF D	EATH	11. NAME OF HOSE	PITAL, NURSING HO		RINSTITUTION	I IZO USI	UAL OCCUPATION (TYPE MOST OF WORKING LIFE)	PE OF WORK	12b. KIND OF OR INDU	
	Salisbury	V		River	- 1			ORER			ster Co
13a. S	L RESIDENCE (IF IN	NURSING HOME OF	ROTHER INSTITUTION, GIV Y	130 CITY OR TOWN	15510N) N	13d. INSIDE CITY LIA	AITS? 13e. STR	EET ADDRESS			
M	ARYLAND	WICOM		FRUITLAN		YES X	○□ 111	CHURCH ST	REET	21	826
	THER'S NAME		WIDDLE	LAST		15. MOTHER'S /				LAST	
	OUIS		YHTOMI	GLADDEN		SHIR		ANN		WILSO:	N
	(AS DECEASED EVE S, NO, OR UNKNOWN)	ER IN U.S. ARM		16b. SOCIAL SECU		17. INFORMAN		ADDRES:			
		1		215-62-2 far (a), (b), and (c).)		MRS. S	HIRLEY	A. GLADDEN	SAM	E AS A	BOVE
	984	IMMEDIATI any, which	E CAUSE (a)	cowning  AS A CONSEQUENCE	CE OF						
	gave rise to cause (a) stati lying cause la	ing the <u>under-</u>	DUE/TO, OR	AS A CONSEQUENC	CE OF						
		ANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	COMINAL DICCACE	OR CONDITION GIVE	AL SAL DARK 3				
z	PART 2 OTNER SIGNIFIC	- Longittons			SCASCIU JANIMAS	ox condition dire	N IN PART 1 (a).				
ATION	PART 2 OTNER SIGNIFIC			ION FOR WHICH OF						20 AUTOP	SY?
IFICATION								7		20 AUTOP	
CERTIFICATION	190. DATE OF OPE	RATION AUSE WAS	196 CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED	?	NATURE OF INJURY IN ITEM TO	PART I OR PAR	YES [	
CAL CERTIFICATION	190. DATE OF OPE	RATION AUSE WAS	196 CONDIT	ION FOR WHICH OF	PERATION WA	AS PERFORMED	? CURRED LENTER	NATURE OF INJURY IN ITEM TB	PART I OR PAR	YES [	
NEDICAL CERTIFICATION	190. DATE OF OPE  210. EXTERNAL CA  UNDERLYING  CONTRIBUTING  21d. INJURY OCCU	RATION  USE WAS  OR  CAUSE OF D	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O	INJURY OF MONTH DAY YE 1/22/9	PERATION WA	AS PERFORMED  WINJURY OCC  Dject d  ATION  MEET	? CURRED (ENTER  rowned			YES [	NO I
MEDICAL CERTIFICATION	190. DATE OF OPE  210. EXTERNAL CA  UNDERLYING  CONTRIBUTING	RATION  USE WAS  OR  CAUSE OF D	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O	INJURY MONTH DAY YE 1/22/9 FINJURY (ATHOME, ORY, FARM, ETC.)	PERATION WA	AS PERFORMED	? CURRED (ENTER  rowned	NATURE OF INJURY IN ITEM TO CITY OR TOWN Salisbur	COL	YES [	NO .
MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT	RATION  JOR JCAUSE OF D  DITWHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O STREET, FACTO WATEL	INJURY MONTH DAY YE 1/22/9 FINJURY (ATHOME, ORY, FARM, ETC.)	PERATION WAR	AS PERFORMED  WINJURY OCC  Dject d  ATION  REET  ICOMICO	? CURRED (ENTER  rowned	Salisbur	COL	YES [	NO .
MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT	RATION  LUSE WAS  OR  CAUSE OF D  JRRED  JRRED  JRYHILE  WORK  At I taak charge	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O STREET, FACTO WATER	INJURY MONTH DAY YE 1/22/9 FINJURY (ATHOME, DRY, FARM, ETC.)	PERATION WAR	AS PERFORMED  WINJURY OCC  Dject d  ATION  REET  ICOMICO	CURRED (ENTER  rowned  River  pection	Salisbur	y Wi	YES [	NO .
MEDICAL CERTIFICATION	190. DATE OF OPE  210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT  220. I certify the	RATION  LUSE WAS  OR  CAUSE OF D  JRRED  JRRED  JRYHILE  WORK  At I taak charge	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O STREET, FACTO WATER	INJURY MONTH DAY YE 1/22/9 FINJURY (ATHOME. DRY, FARM, ETC.)	PERATION WA	AS PERFORMED  WINJURY OCC  ATION RET  icomico  y X, Ins	CURRED LENTER  rowned  River  pection	Salisbur	y Wi	YES C	NO
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MEDICAL	190. DATE OF OPE  210. EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CAT WORK AT  220. I certify the death resulted	RATION  USE WAS  OR  CAUSE OF D  JRRED  JYWHILE  WORK  at I taak charge	21b. TIME OF HOUR A.M. EATH PLACE O STREET, FACTO WELL OF THE PLACE O LONG THE PLACE O LONG THE PLACE O LONG THE PLACE O LONG THE PLACE OF THE PLACE	INJURY MONTH DAY YE 1/22/9 FINJURY (ATHOME. DRY, FARM, ETC.)	PERATION W.  21c HC  SU  21f LOC  SI  M  Autops  Suicide	AS PERFORMED  OW INJURY OCCUPATION REST  ICOMICO  Homicide  TITLE (SPECIA	CURRED LENTER  rowned  River  pection Under  FY)  ant MED	Salisbur  Inquiry . or  remined manner	y Wind in my ap	YES CO.	Md. STATE
MEDICAL	210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT  220. I certify the death resulted  ACTUAL SIGNATURE	RATION  USE WAS  OR  CAUSE OF D  DRRED  OT WHILE  WORK  or I took charge  I'm: Noture	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O STREET, FACTO WALES of the remains described and th	INJURY MONTH DAY YE 1/22/9  FINJURY (ATHOME.  ORY, FARM, ETC.)  cribed above, held an  Accident ,	PERATION W.  21c HC  83 St  21f LOC  SI  M  Autops  Suicide	AS PERFORMED  OW INJURY OCCUPATION  REET  ICOMICO  Y X, Inst  Hamicide  TITLE (SPECII  D. ASSIST  ADDRESS 11	CURRED LENTER  rowned  River  pection Under  FY)  ant MED	CITY OR TOWN Salisbur Inquiry , or remined manner X.	y Wind in my ap	YES (1)  UNITY C. Co.  Dinian  1-23	NO D



				STATE OF MARYLAND	24 3	0 0 /	0 0
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 S	021	0 0
ath ath		CEASED NAME FIRST	de Th	Cast ham	20 DATE OF DEATH N	NONTH DAY YEAR 1	26. HOUR
ge 4 may b	3. SE	* Fonale	4 RACE WATTE	S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTH		IF UNDER 24 HR
	71.3	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	100	
by the floor of within	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		
filled in the file	USU 13R	STAJE / 136/COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 130 CHTY OR TOY COMICE RUZIN	RE ADMISSION) NN 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	2	185
ompletely and 2 shoot died exam	14. F	STOWS+	MDDLE Greham	15 MOTHER'S MAIDEN NA	AME AMPOLE'	Rudi	eV.
ficate be exect ysician and col pets. Pages 1 a oval. event, the mec	16a	MAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	RMED FORCES? IN SOCIAL SEC	URITY NO. 17 INFORMANT	Galan ADDRES	, Quantice	189/1
that the death certiful by the attending phere remove carbon pare, cremation, or remore or or other traumatic.		PART I. DEATH WAS CAUSE  HIMMEDIA  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	HIGH Carelys	Vasada i	Austo B	-
law requires been signed Then pleas rior to burial s any injury,	TION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	TION GIVEN IN PART 1(a)	
an. crate has b sit permit. Ygiene pri 18 shows	CERTIFICATION	V			YES NO	IN CERTIFYING CAUSES O	NO [
HYSICI, physici physici is certifial-transfental Hental Hor Item	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH (	DAY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
DE ALE	MED	214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DESpital of DESpital of IRECTO and for use pt. of Hitem 21 Item 21		saw the deceased alive an	att view the bady after death.	, and that in (my) (aur) opinian DEGREE			
IOSPIT red by UNER. d be de d be de the Sta		Andru ( MI. PHYSICIAN'S NAME (TYPE OF  HILLOW)	Mitchell	MQ ATTENDING PHYSICIAN  22R ADDRESS  JULIS (IN	MEDICAL STAM	F VS JE	m 8
Bb————————————————————————————————————	23a.	BURIAL, CREMATION, REMOVAL	1236. DAJE 8/83 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CHEOR TOWN	COUNTY )	STATE
DHMH-16 25M	24 F	UNERAY DIRECTOR 10	sect, Brouss			Sh. REGISTRAR'S SIGNATU	RE

Converted Hoters where - western I haven Dest. 12 Jan 35 Andre C Mather

-0		FOR	STATE OF MARYLAND	0 2 / 9
1	1.	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	0 2 / 0
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MO	NTH DAY YEAR 26. HOU
	1100	Bec.	KV L. Green January	1983 533
	3. SE	X	4. PACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST STHOM	MONTHS DAYS HOURS
		remale	White 1 07 36 46	YRS.
19		RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C	
1		ITY OR TOWN OF DEATH	WIDOWED   DIVORCED   W1COM10	
10		Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospital  Practical  Practical	PRING LIFE) 126. KIND OF BUSINE INDUSTRY NUTSE
71	USU 13a	AL RESIDENCE (IF NURSING HOMES	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	21853
5				Boxx264
and a	14. F/	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
N C		W. Ful	ton Green Betty	Brown
dico		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Princes	ss Anne, Md.
1		No	217-36-1480 Fulton Green, Rt. 2,	Box 264
TOOL		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Muscular distrophy.	,
ry, or other traum		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
ny injury, or	ICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  120. AUTOPSY?  120.	Ib. IF YES, WERE FINDINGS USED
ows any injury, or	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES   NO	b. IF YES, WERE FINDINGS USEI CERTIFYING CAUSES OF DEAT YES \( \) NO \( \)
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ed or them 18 shows any injury, or		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (1) (this hosp	DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? YES NO  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART P.M. 19  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET CITY OR TOWN	b. IF YES, WERE FINDINGS USEI CERTIFY ING CAUSES OF DEAT YES NO [ ITEM 18, PART 1 OR PART 2)  COUNTY S , 19 , that (I) (
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any lapitore | tarinan' (swene) sidedine | windita' Parview S.J. Zonerset Princers Anne PE L.S. Loxxite witten dream detty. onthoner Anne, Ed. ADS NOW .S. . 37 . OR TO TOTAL GUAL-SE-VIS honwings X ENAL In Falls 

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						STATE	OF MAKTLAND			
3	~	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0 2	/ 8 2
	(10.01)		PERIOLD I TRAFFIC	RST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
			Monro Monro		J.	Ho		January 2		2005M
	4 74 F	3. SE		4. RACE		S. DATE C	DAY YEAR		MONTHS DAYS	
	nrect urs of		Male	Whi		July	7 11, 1913		YRS.	
	Police Police		RTHPLACE (STATE OR FORE	GN 76. CITIZE	N OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	death.	1	Maryland		USA	WIDOWE	D DIVORCED	Wicomico		MD.
	the fune d within	10. CI	TY OR TOWN OF DEATH		LE OF HOSPITAL, NURSI T IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR
5	2 20		alisbury	Pen	insula Ge	neral	Hospital	Truck Drive		nsportat
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	24 haur filled in auld be	130. 5		COUNTY	13c. CITY OR TO	VN	134. INSIDE CITY LIMITS?	Bethel Roa	2187	4
Y Y	5 ×5 5	_	THER'S NAME	TCOMTC	O IMITITAL	us	YES NO X		u	
RY	det de lete	19. FA	FIRST	MIDDLE	LAST				m	AST
ž.	wed world			ltaman			Sadie	ADDRESS	<u>T</u>	owers
ORE	ond co		VAS DECEASED EVER IN I	J.S. ARMED FOR	ATESI		17 INFORMANT			THE REAL PROPERTY.
¥.			No		213-24	-445.	Jane Hal	taman, Willa		ryland
TAL	pers.		18 CAUSE OF DEATH (E	inter only one cou	se per le far (a), (b), a	nd (C)	1 10	11	APPRO BETWEEN	NONSET AND DEATH
	phy npo mov			CAUSED BY:		twe	wars,	failure		
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*	ed by the		cause (a), stating underlying cause	ost.	TO, OR AS A CONSEOU	JENCE OF		U		
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Z Z	ryskCIAN. The iding physician. is certificate has burial-transit per Mental Hygiene or them 18 shows	E			IME OF INJURY		The year burning occur	YES NO	YES	NO 🗆
5	CIAN: The graph properties of the properties of		210. ACCIDENT WAS UNDERLY	110		AY YEAR	ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 2)	
Ö	SKCIA ng pl certif certif irial-t ental	S	(IF EITHER NOTIFY MEDICAL	XAMINERI	P.M.	19				
ō.		MEDICAL	21d. INJURY OCCURRED	(AT HI	PLACE OF INJURY	FARM ETC )	211. LOCATION	CITY OR TOWN	COUNTY	STATE
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۵	TTENDING P pital or offer TOR: After the for use as the af Heolth one 21 is morked		22a.1 certify that (1) (the saw the deceased of	s hospital) attend	ded the decays of from	27/	4 1 190	10 10	, 19	, that (I) (we) lost
	TEN TOR Or U		saw the deceased a above, (1) (we) (did)	live on	12/19	0,0	nd that in (my) feat spinion	n death occurred on the date or	nd hour and from the	e causes stated
	REC REC ppt.		226. SIGNATURE	(dig ser view	Dody offer depth.	-	DEGREE		22c. DAT	TE SIGNED
	TAL Or the Carlo Dide Detach		1	1	100		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
	HOSPITAL med by th FUNERAL uld be det othe State		224 PHYSICAN'S NAME	in carried			220. ADDRESS	DIRECTOR PHISICIAN		
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0	PHMH - 16 50M 4/B2	24. F	MAY DIRECTOR 1	200	1 Appress	10 8	25a. D/		REGISTRAR'S SIGN	ATURE
	(VRA 15, 4)	1	Francis W. 6	fast	, Dellyva	16,0	Caura EE	3 2 1983	-	- Same

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			REGISTRAR CEASED NAME FIRST	WIDDIE		CATE OF DEATH	REG. NO	D. MONTH DAY YEAR	12b HOUR
e e	age 3 death		OR PRINTI	1	11.	ncock	January	7, 1983	1940 M
ge 4 may	ofter d	3. SEX	Female.	4. RACE White	S. DATE C	13 189	6. AGE (IN YEARS LAST BIR	MONTHS DATS	HOURS MIN.
eath. Poge	(N.8		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTY S. A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	% BALTIMORE CITY O	COUNTY OF DEATH	MD.
ol s ofter d	Wi BC	10. CI	alisbury	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula	STREET ADDRESS)	al Hospita	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P		
24 hour	filled in ould be t	130. S		NTY - II3C_CITY OF	EBEFORE ADMISSION)	13d. INSIDE CITY LIMITS?		mon H.	11 218
MARYLA ed within	and 2 sh	14. FA	ROBERT ROBERT	MIDDLE 40 LA	Na	SUSA	MIDDLE	BAK	Wes
MORE, I	s. Pages 1	16a. W		RMED FORCES? 166 SOCIAL VE WAR OR DATES) 212-0	7-2375	JOHN B.	PAPSONS HO	Me See.	Sec 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ed by the attending physici lease remove corbonopoper iol, cremation, or remaval. or other traumatic event, th			nly one cause per line for (o), sED BY: TE CAUSE (o)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	<u>Preumon</u>	in With	Haner haste	XIMATE INTERVAL
CORDS, 20	ren signe 1. Then p ar ta bur 7 injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION THOSE OF BE DE	iles.	Digitalis	RMINAL DISEASE OR COM	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
ALR The lo	e hos be sit permi	RTIFIC		/		/	YES NO	YES 🗌	NO [
SION OF VIT	nding physician.  nis certificate hos buriol-transit per I Mental Hygiene or Item 18 shows		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	R) P.M.	H DAY YEAR	um havarran	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
NG PHY	After this e os the bu oith and M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, PARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
Z.	P P P P P P P P P P P P P P P P P P P		224.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	1/~	0 . /	d that in (my) (our) opinion	on death occurred on the do	ote and hour and from the	, that (I) (we) last e causes stated
AL OR A	by the hospii ERAL DIRECTO oe detoched for Stote Dept. of ANT. If Item 21		22b. SIGNATURE Solu	A N. (	1	DEGREE ATTENDING PHYSICIAN		F _ /	7 83
THOSPIT	TO FUNERAL D should be detor with the Stote D MPORTANT: H		Benito	N. Chay		SALIS6	uny, MAI	YLANY	21801
5	ह	23a. E	BUNAL	1/11/1983	ST STOK	they 5 Cer	n Pelmo	SUSSE	x DeL
	H - 16 50M 4/B2 (VRA 15, 4)	24 F	INERAL DIRECTOR BOY	onds SAT	9 53 1 UM	1. M 2 250.	JAN 12 1983	John John	shield

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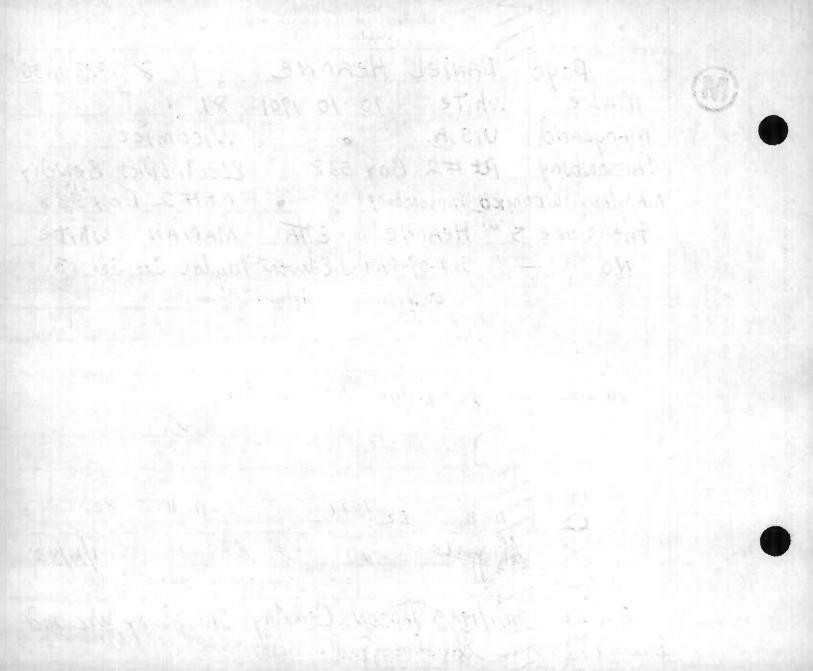
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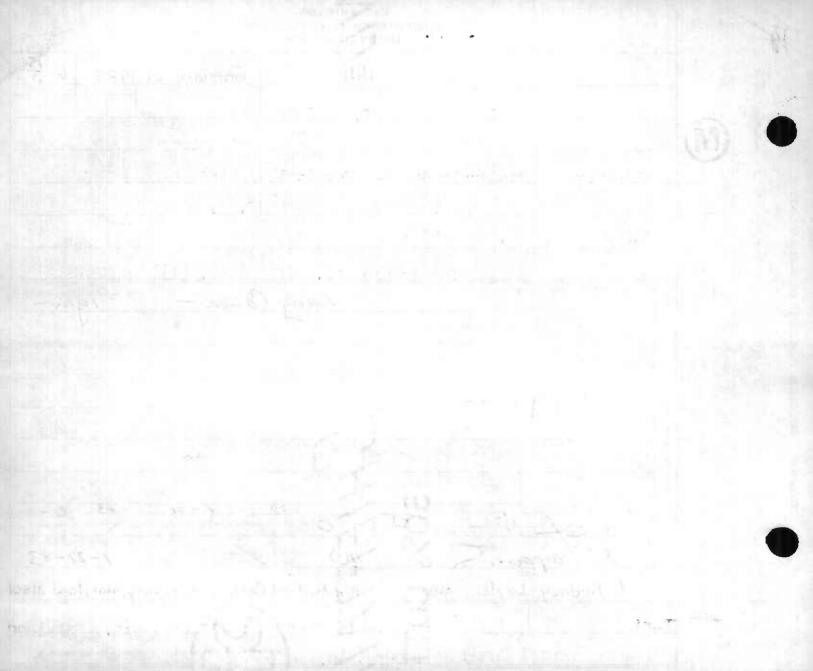
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

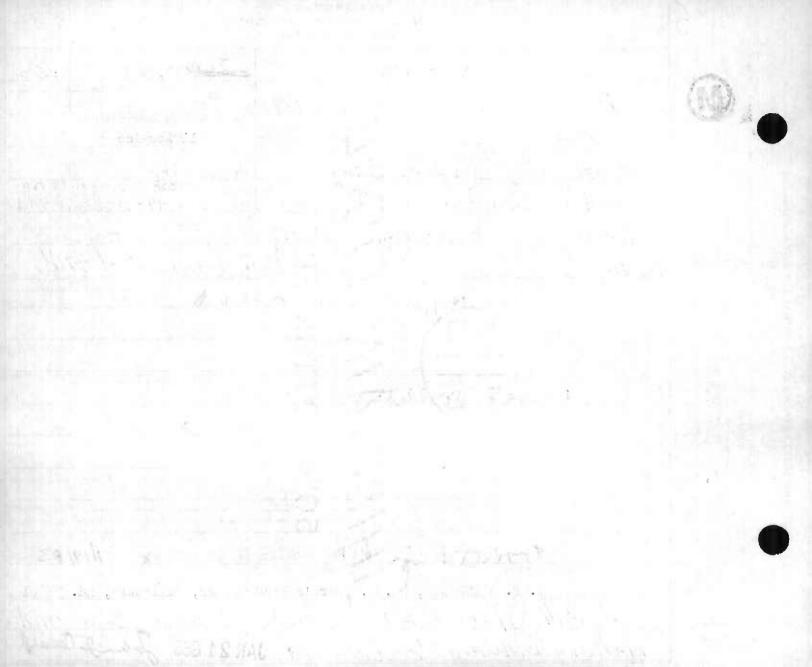
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15		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
. m.e		CEASED NAME FIRST	WIDDIE	LAST	-	MONTH DAY YEAR 26. HOURS
nay be page 3		Harry	Hudson	Hill	January	21,1983 6 PM
	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 4 HRS
oge 4	Wa	ile	White	Sept 6, 1914	68	YRS.
death. Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
S MATT		aryland	USA	WIDOWED DIVORCED	Wicomico	
offer of	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	128. USUAL OCCUPATION	WORKING LIFE) INDUSTRY
201		alisbury	Peninsula Ger	neral Hospital	Retired p	pipefiltter
t hou did	136. 5	TATE 19975 136 COUN	other institution, give residence before NTY 13c. CITY OR TOW SEX Seldy	(N _ 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	99999
AN in 24	DE	taware   Sus	sex   Selbyv	IIIE YES NO	Rt. 1, Box	( 122D
MARYLAND ed within 24 mpletery fills ond 2 should	14. FA	Harry	MIDDLE MANTE	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
			To Hil	1 Minnie	1000	Calloway
BALTIMORE, cote be execu- ysicine and trapper. Page. vol. it, the medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	I WI	fe) ADDRE	
De de la	1	0	710-01	<u>-8410 Mrs. Virg</u>	<u>inia S. Hi</u>	II same as #13
BAI cate cate sape sape nt, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on D BY:	d (c).1	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., g pl g pl sonp rem		MMEDIAT	TE CAUSE (0)	nung (	ancer	Igen
ron endin cork n, or notic		1021	DUE TO, OR AS A CONSEQUE	ENCE OF		V
RES dec ation	. 54	Conditions, if ony, which gove rise to immediate	(b)			
A. P. It the remember of the r		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
s that ed by olease rial, cr			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  ING PHYSICIAN: The low requires that the death cert  of the digner physician.  Wher this certificate has been signed by the attending p  os the buriol-transit permit. Then please remove carbon  th and Mental Hygiene prior to burial, cremation, ar ren  orked or them 18 shows any injury, or other troumatic ev	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR COND	DITION GIVEN IN PART 110
CORE	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
n. ne pr	IFIC,	THE DATE OF OFERACION	The CONDITION TOR WHICH	OF ENATION WAS TENTORMED		IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RECO	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO NO
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HYSICIA nding pl nis certif burial-t I Mental or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211, LOCATION		
/ISIC S PH iften iften the land and	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOV	VN COUNTY STATE
DIVISION OF After 11 to a steel of the and marked			tal) attended the deceased from_	10 79	10 /- 21	19 53 , tho (1) (we) lost
TENDII TOR: A Or use or use of Heal		saw the december any on	1/2/ 19	CY 2	death occurred on the do	te and hour and from the causes stated
OR ATTER to hospital DIRECTOR ached for a Dept. of H		22b. SIGNATURE	y) view the body after death.	DEGREE		22c. DATE SIGNED
the the Distriction of the Distr		X Tru	Le la	me) ATTENDING	DIRECTOR PHYSIC	1-21-83
PITA by Store de		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	DIRECTOR   PHISIC	
TO HOSPITAL (retained by the TO FUNERAL Eshould be detrained with the State EMPRANT: If		C. Rodney	Layton, MD	PCH Medical	Contor Sali	sbury, Maryland 21801
shoot shoot	23a F	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	The state of the s
GGGGBP.		rial		rsons Cemetery	CITY OR TOWN	COUNTY STATE
1////	24. FI	JNERAL DIRECTOR		256. PAT	Salisbur E REÇ'D. BY REGISTRAR	Wic Maryland
* ** DHMH - 16 50M 4/82 (VRA 15, 4)	Ho	1 Toway Funer	al Home, Salis	shury Md	IN 27 1983	John of Court
			HOMO OUTT	JUUI VI IIII.	1	



				STATE	OF MARYLAND			
5	1-	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 3	02	787
122		CEASED NAME FIRST	WIDDLE	LA	1	2a. DATE OF DEATH		YEAR 2b HOUR
5	(111)	Ida	MAE	HILL		DANA 1	9.1983	6:45 pm
(8)	3. SE	(	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		R I YEAR IF UNDER 24 HRS
1)	2	F	B	AOT	11 10 1892	90	YRS.	DAYS HOURS MIN.
27		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	□ NEVER MARRIED □	9. BALTIMORE CITY C	R COUNTY OF DE	ATH
8		Ma	0,5,	WIDOWED		Saliw	icomico	MD.
動/	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE PF WORK FOR MOST, O		KIND OF BUSINESS OR
7/	- 20	Salisbury	DIE	ers HIZ	nd	HOUSIZWI		1101
36	13a. S	AL RESIDENCE (IF NURSING HOME)	OUNTY 13c. CITY O	RIOWNI SIG	Sd. INSIDE CITY LIMITS?	13. STREET ADDRESS	38 Sprin	ghillRd
1	14 E A	THER'S NAME	Som Trip	trion	YES NO IN	191-1 BOX	49 - HE	ron mid
Jex O	14. 17	SAM	MIDDLE BEAC	hamp	EVIELY	N MIDDLE	Ho	IAST
2 dedicol		AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIA	L SECURITY NO.	17. INFORMANT	+ 1/2 JANA	SAL	und.
0	-				E114ADIC	IN DISTORY	7/23.01	APPROXIMATE INTERVAL
event, th		PART I. DEATH WAS CAU		(b), and (c).)	A.	11100	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Fic e		4029 IMMED	IATE CAUSE (o)	peran	LINE !	J C V _B		
troumo		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF				
r tro		gave rise to immediate couse (a), stating the	(b)					
other		underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF				
ry, or o		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN P	ART I(o)
2 :2	O	21	abotter me	Olitur				
ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
1	TIFI				1.3	YES NO	YES	NO [
00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		H DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	ART 2)
or Hem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMI	DEATH	19				
morked or	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f. LOCATION STREET	CITY OR TO	wn cou	INTY STATE
	4	AT WORK NOT WHILE AT WORK						
		· ·	spital) attended the deceased		, 19	, to	. 19	, that (I) (we) last
			on not) view the body after death.	_19, ond	that in (my) (aur) apinion	death occurred on the de	ate and hour and fro	om the couses stated
		22b. SIGNATURE		DI	GREE			DATE SIGNED
_/			URITIN	Lyn W		MEDICAL STAI	IAN OF /	119/83
K A		22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)	V /	22e ADDRESS			
MPORTANT: #		J	E. P. RITCHINGS	S. M.D.	Deer's Hea	d Center. Sa	lisbury.	Md. 21801
2	23a B	URIAL, CREMATION, REMOY	AL 23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	SPINITI	STATE
-		BURIA	1/2/183	HIBET	IA YIIO.	LIDEY	in SEL	n md
30	24. FL	NERAL DIRECTOR	F 1/1 / AM	ORES 1 /	-// / 250. DA	TE REC'D. BY REGISTRAR	25h. ROSTRAR'S SI	GNATURE LILL
		MAINDAG	KIN HOAL	N15 /11	CIG711d .	JAN 2 1 1903	John	7



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) LUKE HORSMAN ESTI-DEATH MATED SEX 4 RACE 5. DATE OF BIRTH & AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HR PRONOUNCED Male White Th CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico Md. U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Atlantic Ave. Salisbury 2180 13n. STATE Salisbury 13d. INSIDE CITY LIMITS? icomico Atlantic 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Horsman Horner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 214-10-8935 Gertrude Horsman, same as No 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Myocardial Infarction minutes DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYCAL, CREMATION, OR REMOVE Conditions, if ony, which Hypertensive Cardiovascular Disease vears gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INTERPORT OF THE CHIEF EFORWARDED TO THE CHIEF EFORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USE! THE STATE DEPARTMENT OF 1 THE STATE DEPARTMENT OF 1 NOX 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE COUNTY STATE AT WORK 220. I certify that I took charge of the remains described above, held an Matural causes death resulted from: TITLE (SPECIFY) ACTUAL Deputy SIGNATURE Camden Ave., Salisbury, Md. Earl L. Royer, M.D. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1-15-83 Salisbury, Wic., burial Wicomico Memorial BP **DHMH-17** Home, Bivalve, Md. (VR A15 ME (5) 15M 2/80

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Company of the second s 19t79-bt/L

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

Peninsula Conoral Mospital

10/	1 -	FOR STATE REGISTRAR		- DEPA	RTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 S	0	2 /	9 2
130		CEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
oy be age 3 deoth		John		land	K	ellam		1ry 20	11000	2327M
S& afer a	3. SE	Mala	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MON	INDER TYEAR	HOURS MIN.
	7n BI	RTHPLACE (STATE OF FOREIGN	White	WHAT COUNTS	NOV.		9 BALTIMORE CITY C	YRS.	DEATH	
( (M)		errer. Va.	USA	WING COOKI	MARRIEI	NEVER MARRIED DIO	Wicomi		DEA	
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT	ION I		BUSINESS OR
201 4 4 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Salisbury				Hospital	Security	y Police	CE	
AND 21.	130. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 21801   136 COU		136. CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 233 Crom	well A	ve. Z	1881
within within day of the day of t	14. FA	THER'S NAME William	MIDDLE	TZ 3 3 LAST	4 1	15. MOTHER'S MAIDEN NA		** 1	C . LAST	3
D du	14 1			Kellam		Margare			efiel	a
TIMORE,	NE	VAS DECEASED EVER IN U.S. A res, no or unknown) (18 yes, G	IVE WAR OR DATES)	214-10		Mrs. Hazel	wire)		e as	#13
ST., BALT rifficote b physicion onpapers. emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		r line for (a), (b),	and (c).)	Nyelma			BETWEEN OF	ATE INTERVAL
n cert ding orbo ar rea		2030 DUE TO, OR AS A CONSEQUENCE OF								
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Iow re low re sermit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	OITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200, AUTOPSY?	20b. IF YES, WI IN CERTIFY INC	G CAUSES C	GS USED OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate h the burial-tronsit p ad Mental Hygier d or hem 18 show		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	110110 4	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	
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DING PH or offen the se os the libit and and	WE	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR TO	wn	COUNTY	STATE
O O O E		22a. I certify that (I) can saw the deceased alive as	1//) 1	he deceased fro	6.7	d that in (my) (and) apinion	denth occurred on the d	nte and hour on		not (I) (we) lost
OR ATTENIOR Hospital DIRECTOR: sched for us Dept. of Hem 21 is		obove, (I) (we) (did n	at) view the body	ofter death.	, 011	DEGREE	acom accomes on the a	510 0110 11007 0111	22c DATE S	
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	24 FI	INERAL DIRECTOR		1		25g. D.A	TE REC'D. BY REGISTRAR	256 PEGISTRAR		RERYLAN
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10/15	1	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 2 7 9 3  CERTIFICATE OF DEATH
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ee 4 may be ector, page 3 s ofter deoth	3. St		1. RACE   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DAY   S. DAY
days. Po	1	STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED WICOMICO  WICOMICO
(M) &	S	alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsual General Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFER ; INDUSTRY)  SALESMAN  LCC 100 LU
in 24 ho ly filled should by	130	STATE 13b. COU 1 ATYLAND 13b. COU ATHER'S NAME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  JINTY  LOMICO SALISCUTY RESIDENCE BEFORE ADMISSION  136. INSIDE CITY LIMITS?  YES NO D  15. MOTHER'S MAIDEN NAME
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ficote be execut hysicion and co papers. Pages I naval.			inverse process 100 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 221-07-9742 ANIVEB. Kelley See Sec 13  anly one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
equires that the death certifico in signed by the attending phys. Then please remove carbonpop to burial, cremation, ar remove injury, ar ather traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
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he he he had he had he he he he had he Dep		22b. SIGNATUR	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/3/83
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DHMH - 16 50M 4/B2 (VRA 15, 4)	B	UNERAL DIRECTOR	Salesbanders, Such 2/80/ JAN 61983 John G. Cahrell

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Marvel-Short Funeral Home Delmar.

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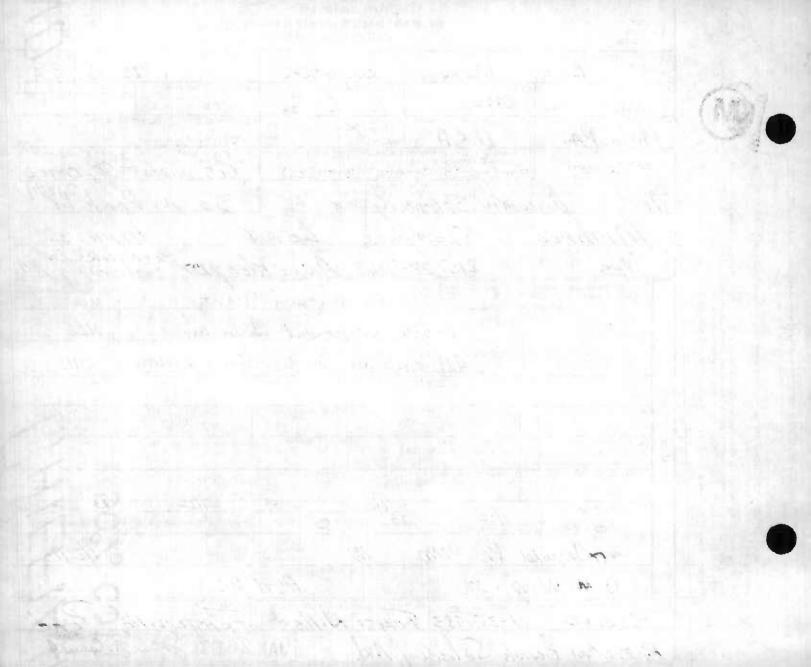
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	9	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2173
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		3. SE	Х	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
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	5	1	hilA. PA.	0.5A.	WIDOWED DIVORCED	Wicomico	MD.
	1 11 10		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUATOCCUPATION	126. KIND OF BUSINESS OR
5	The same		Salisbury	Peninsula Ge		KC5TMLRANT	OP-KATER
212	be in	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE FEF	ORE ADMISSION)	130. STREET ADDRESS	121801
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¥ X	by de de		MIMAREZ	KLEN	PANER LEA		MRTZ
ORE,	od co		AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	Bek DV. 1
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N O	h ce or r		4100	DUE TO, OR AS A CONSEQ	UENCE OF	1	
EST	deat ove tion,		Conditions, if ony, which	( (b) Clu	ite Myrandial o	ferentin	HRS
	the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS/A CONSEO	UENCE OF	λ	
3	that the day the lease re ial, crei		underlying cause lost.	(c) Attuo	sclentic ardive	asiular Arlan	MTHS
5, 20	gne on ple buri	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
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	ATT ospur		obove, (Dwe) (did) did no 226 SIGNATURE		( constitution of the cons	deoth occurred on the date and hour	
	OR DDIRE Ochec Dep		220. SIGNATURE	1 TAG GARAN	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	HOSPITAL O		22d. PHYSICIAN'S NAME (TYPE O	a vol. ove	PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6413
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	TO HOSPITAL To FUNERAL should be det with the Stote	-		rub, MD			
		230	BURIAL, CREMATION, REMOVAL	and the second s	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	24 5	DULIAU UNERAL DIRECTOR A	1-25-1983	POREST HILLS	TE REC'D. BY REGISTRAN 136. REGISTA	LENN.
-	DHMH - 16 50M 4/82		DINAME ALL	ADDRESS	had FIA	N 2 6 1983 John	In Cales a
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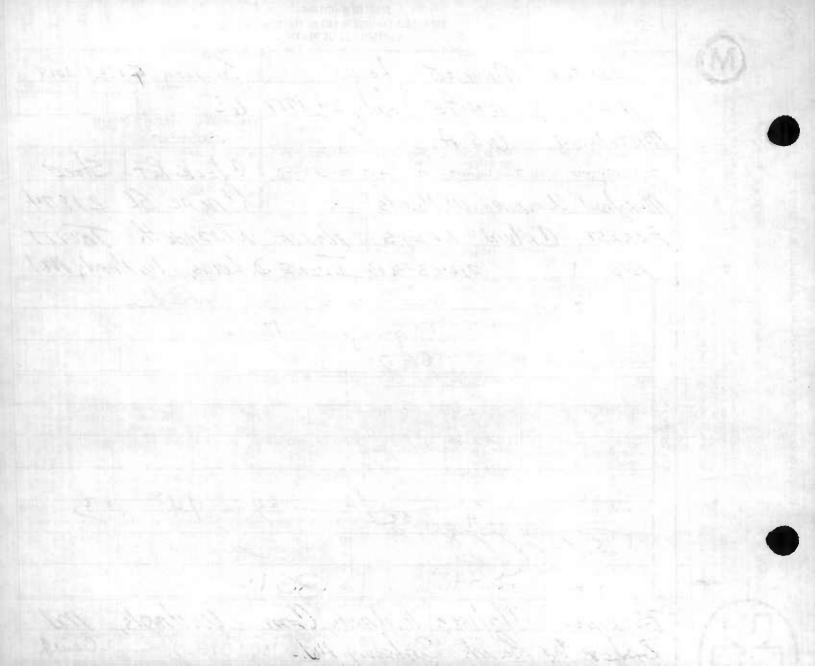
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) John Wilson 1983 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LATE BIRTHDAY) IF UNDER I YEAR MONTH YEAR Male White 26 1914 BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Wicomico Maryland WIDOWED DIVORCED IX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Poultry U.S. Gov. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Worcester BishopvilleyES [ Maryland St. Martin's Neck Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE MIDDLE James Latchum Cordelia Wilkerson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 222-01-8741 James Latchum, Bishopville, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY erehirmular Receident with IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Coma & Convulsus. Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. circhosis, chrine showiti long 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES T NO I 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING O FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ild be of 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 2-2-83 Odd Fellows Bishopville Worcester MD DHMH - 16 50M 1/81 (VRA 15. 4)

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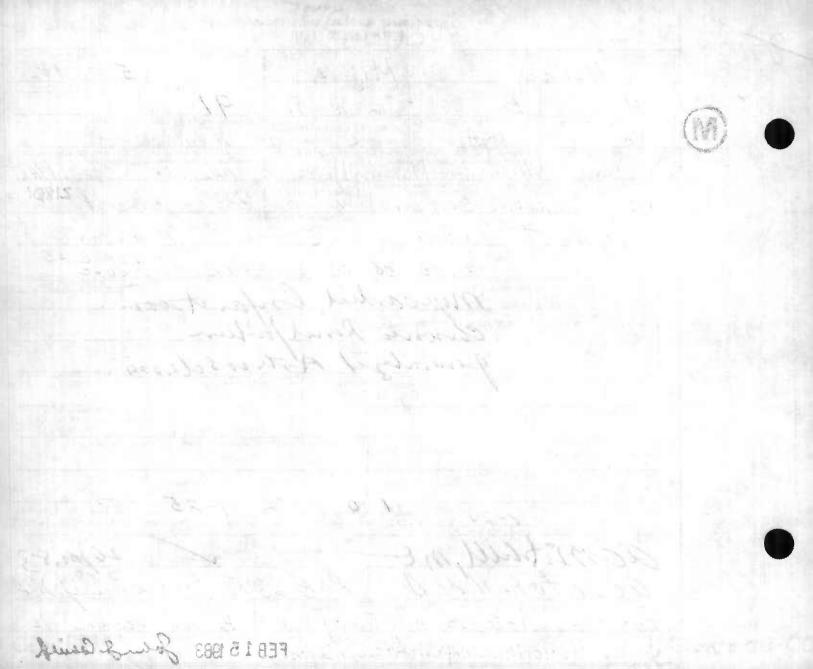
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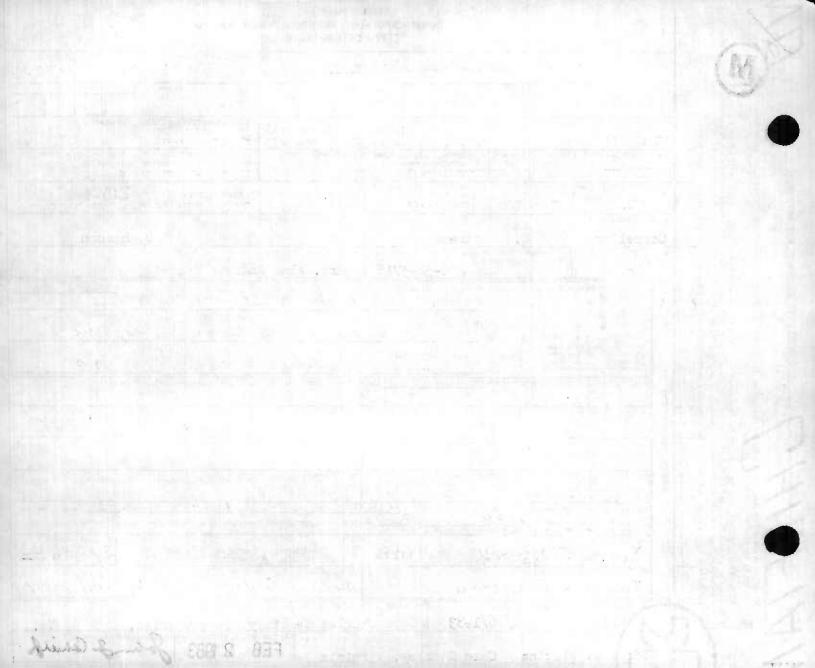
- STATE REGISTRAR REG. NO DECEASED NAME KNOWN | (TYPE OR PRINT) ESTI-JACK WILLIAM LIVINGSTON DEATH MATED A 4. RACE 3 SEX IF UNDER 24 HR 2d HOUR DATE White PRONOUNCED Male 1-19-83 29 LOA 3 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY USA Wicomico DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Salisbury Retired Ave. iver Salisbury Wicomico 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS College Ave. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edward ingston 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES Mother) es Mrs. Mirtle Anderson (same as Korean CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) ILD BE USED AS A BURAL - FINANSIT PERMIT.
MENT OF HEALTH AND MENTAL HYGIENE, D
TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING PM 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Natural causes death resulted from: Undetermined manner TITLE (SPECIFY) Deputy DATE 1-21-83 SIGNATUR MEDICAL EXAMINER Royer, M.D. Earl L. EXAMINER'S NAME Camden Ave., Salisbury, Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 24. FUNERAL DIRECTOR BP Mem **DHMH - 17** Funeral Home. Salisbury. Md. (VR A15 ME (5))

20M 4/82

				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 2 8 0
_		CEASED NAME FIRST	MIODLE	LAST	R DATE OF DEATH MONTH	130
death	3. SE	Horace	RACE .	S. DATE OF WITH	6. AGE (IN YEARS LAST BIRTHOAY)	83 M
-	3.50	M	B	MONTH DAY YEAR	01	MONTHS DAYS HOURS MIN
(M)		IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR CO	
9/	10 8	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	12h KIND OF BUSINESS OF
Sec. Market	USU 13a.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	NE ADMISSION)	13s. STREET ADDRESS	21801
xarti	14 F/	ATHER'S NAME	OMICO DATISE	15. MOTHER'S MAIDEN NA	ME DOZ CHINE	PINE STI
(\$Z)		ALOHA ME	MAJOR	ELL	en MIDDLE ST	e YENSON
, the me		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN! (IF YES, GIVE W		-1808 Esther	MA JOYS	Add, SAME AS
any injury, or other tra	HON		DUE TO, OR AS A CONSEQUENCE TO CONSEQUENCE TO CONTRIBUTING TO	no kind for		
S A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
d or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
of Heal		220.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did nat)	1-24 196	, 19 13 , and that in (my) (our) opinion	death occurred on the date or	, 19 , that (1) (we) lo
ate Dept. VT: If Ite		278. SIGNATURE	shell m	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
with the State I		a CMITC	hell Hil	1 POB 2	378 Sal	stury, My
N N		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1-30-83 H	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITYOR TOWN	ACCOMAC VA
-16 25M 5, 4) 1/79	24 F	UNERAL DIRECTOR NAME OF LEY MEMO	rial Chapel	SALIS, Md, 1250. DAY -R+2 JerseyRAFE		EGISTRAR'S SIGNATURE



4		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. N		) 2	8	0 3
		CEASED NAME CYNTI		REWS		RSHALL	20.	DATE OF DEATH	nonth 1	24	83	26 HOUR 4:30P.M
	3. SE	FEMALE	4. RACE W			5. DATE OF BIRTH MONTH DAY YEAR 4 11 06		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1		DAYS	HOURS MIN.	
S of one		RTHPLACE (STATE OR FOREIGN COUNTRY) RGINIA		WHAT COUNTRY?	UNTRY? 8.  MARRIED   NEVER MARRIED   WIDOWED   DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH				
of interest		ISBURY	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET JRY NURSIN	ADDRESS)	OR OTHER INSTITUTION	(TY	USUAL OCCUPAT PE OF WORK FOR MOST ELEPHONE	OF WORKING	G LIFE) IND	KIND OF USTRY	F BUSINESS OR
36	130. 5	MD. WI	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW SALISBUE	N	13d. INSIDE CITY LIMIT YES NO	F	STREET ADDRESS		Z18 CREST	WOOD	CIRCLE
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an papers. Pages Tancremaval.		VAS DECEASED EVER IN U.S yes, no or unknown) (1F ye	S. ARMED FORCES?	230-52-	718	Mrs. Alm	a And	adde lrews Ham				MATE INTERVAL INSET AND DEATH
mera, various or a meranamin. Then please remotion, or rong injury, or other traumatic.	TION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, CO	ONTRIBUTING TO D	Chiles DEATH BUT	Mellety NOT RELATED TO THE	TERMINA		NOITION (	GIVEN IN F		,
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old be detoon the State D		22d. PHYSICIAN'S NAME OF		,	M.15.	ATTENDIN PHYSICIA 22e. ADDRESS	AN DI	REDICAL STA	ICIAN 🗌	×	14 9 Mc/	2180y
Sho Sho	23a E	Burial, CREMATION, REMO	1/26/	- 0 -		EMETERY OR CREMATO		Cape Ch	arle	COUN	ΤΥ	STATE Va.
50M 4/B2	24 Ft	ineral director hame leorge L. Will	kins Ca	pe Charles		25a		2 1983			I.C	JRE WHILE



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alvus m	1.	FOR STATE REGISTRAR	— , DEP		EALTH AND MENTAL HYG	REG. NO	0 2 0	0 1
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a d	3. SE		4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRTH		F UNDER 24 HRS
ctor s off	E	Female	White	Aug		68	YRS.	HOURS MIN.
	7a B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	JTRY2 8		9. BALTIMORE CITY OF		
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Y 4 7 1	14° F/	ATHER'S NAME	e May NLCape	May	15. MOTHER'S MAIDEN NA		Landing	
AR will mid 2		FIRST	MIDDLE LAS	ST	FIRST	MIDDLE	LAST	
E, N	1An \	Robert WAS DECEASED EVER IN U.S. A	Clark	SECURITY NO.	Florence	ADDRES	(unknown	)
work ond ond	- (	YES, NO OR UNKNOWN)     IF YES, G	IVE WAR OR DATES)		l (dau	ghter) ADDRES	. 1, Box 2	27AA
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is that the death cert ed by the ottending please remove carborrial, cremation, ar ret, or other troumatic events.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS  (c)	SEOUENCE OF	0			
DS, 2	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 110	
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	S USED F DEATH? NO
ON OF VITAL R HYSICIAN: The li ding physicion. Is certificate has burial-transit pe Mental Hygiene Mental 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	1
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DIVISION PER THE CONTROL OF THE CONT	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC }	) since	. /	6 7	37416
L Or			oital) attended the deceased f	rom	Nov 19 52	to	9 0 the	ot (I) (we) lost
Pito pito pito 21 i		saw the deceased alive a	n (at) view the body after death.	19	that in (my) (aur) apinian	death accurred an to day	e and have and from the ca-	uses stated
the hose of the ho	1	72b. SIGNATURE	5/1	1 my	DEGREE ATTENDING	MEDICAL STAFF	AND 27L DATE ON	SNED)
O HOSPITAL tetained by th TO FUNERAL should be dete		22d. PHYSICIAN'S NAME THE	CON PRETURN	~	22e ADDRESS	Division	~ 57/	/13
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1.11.16		BURTAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23 LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 4/82		UNERAL DIRECTOR	neral home ADD		75n DA3	N 2.4 1983	SE RI GISTRAR'S SIGNI	Mell

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4	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3	0 2 3 0 5
y be age 3 death		CEASED NAME Wathe	MIDDLE	MESSICK		RY 21, 1983 1250M
Page 4 may be director, page 3 hours ofter death	3. SE	Male	White	5. DATE OF BIRTH  8-14-1895	6 AGE (IN YEARS LAST BIRTI	MONTHS DATS HOURS MIN.
n 72 n 72		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BATTIMORE CITY OF WICOMI	CO MD.
201 vrs after d by the fo		Salisbury	Peninsula Ge	neral Hospital	120 USUAL OCCUPATION (TYPE CONORK FOR MOST OF	EWORKING LIFE) INDUSTRY /
LAND 2 12 LAND 2 12 In 24 have shall be in shall be in	13a.	AL RESIDENCE (IF NURSING HOME OR STATE)		A DE YES NO [	13e. STREET ADDRESS	- 21814
E, MARYL completely		ATHER'S NAME	MIDDLE MCSSILL	15 MOTHER'S MAIDEN N	Illen Ir	islex in mt.
ALTIMORE to be executed by the best of the medical the		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FÖRCES? 166 SOCIAL SECULE WAR OR DATES)	2-7612 BEXAIC	ie Dole za	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Where this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be file than and Mental Hygiene prior to burial, cremation, or remaval.  arked an them 18 shaws any injury, or ather traumatic event, the medical elaquine crives be not account.	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)		MINAL DISEASE OR COND	DITION GIVEN IN PART 110
AL RECOR.  The law rection.  Thos been the permit. It permit. It is the prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
00 0 E	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 1 WORK 220.1 certify that (1) (Nus_haspison the deceased alive an	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 21f. LOCATION STREET 19 19 19 19	CITY OR TOW	
hass has hed them them		22b. SIGNATURE	from no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFI □ DIRECTOR □ PHYSICI	221. DATE SIGNED
TO HOSPITAL C etained by the TO FUNERAL D should be deta to with the State D WRORTANT: If		W. B. HORNE	Table 1 Total Control	POWER ST	SALISBURY	mo 21801
BP		BURIAL, CREMATION, REMOVAL (SPECIFY BULL)	1/2-4/83 PATE / 1/83	BIVALUE Com.	BIVIN	10, All STATE
DHMH - 16 50M 4/82	24. 8	UNERAL DIRECTOR	1 BIVZINE	250 DA	N 2.6 1983	REGISTRAR'S SIGNATURE

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				STATE OF MARYLAND		8° 1 8° 1 6'3	
1 - 1 - 1	FOR STATE REGISTRAR		DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 👸 🐧	0 2 3 0	0
	DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HO	OUR
eath 3	(TYPE OR PRINT)	Edna	Marie	MILLER	1-1	2- 83 7:2	20 A
3	. SEX	4. RAC	Œ	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UND	DER 24 HRS
A)	Female	V	Mhite	MONTH DAY YEAR 48	34 y	RS. MONTHS DAYS HOUR	S MIN.
13/	O. BIRTHPLACE (STAT	E OR FOREIGN 7b. CIT	IZEN OF WHAT COUNTRY	* MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	
25	Md.		U.S.A.	WIDOWED DIVORCED	WICOMICO COUN	ITY	MD
473	BALISBURY,	MD. SAJ	AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STREE LISBURY NURS I	ING HOME OR OTHER INSTITUTION TO ADDRESS) NG HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Retarded	12b. KIND OF BUSI INDUSTRY	NESS OR
34	USUAL RESIDENCE (# 130. STATE Md .	13b. COUNTY Wicomic	NSTITUTION GIVE RESIDENCE BEFO 13c. CITY OR TOV Salisbu	WN 13d INSIDE CITY LIMITS?	Rt 50 & Frede	erick Ave.,Sa	BRIS
20	4. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N			
a	Walter	MIDDLE	Miller	Eleanor	MIDDLE Gr.	Hanso	on
1	60 WAS DECEASED E (YES, NO OR UNKNOWN NO	VER IN U.S. ARMED F		URITY NO. 103 PRMSNT St.	Louis AVE.,	Ocean City	у,
	Conditions, if gave rise to couse (a), stonderlying co	immediate tating the ouse last.	UE TO, OR AS A CONSEOU (c)	JENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
7	19a. DATE OF OPI	ERATION IS	b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		F YES, WERE FINDINGS US	
4	HE I					RTIFYING CAUSES OF DE	
-1	198. DATE OF OPI		b. TIME OF INJURY HOUR A.M. MONTH E P.M.	DAY YEAR	IN CE	RTIFYING CAUSES OF DE	
7	OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED 21	HOUR A.M. MONTH	19 21f. LOCATION	YES NO	RTIFYING CAUSES OF DE	
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WPORIANI: If Ifem 21 is marked or Ifem	OR CONTRIBUTING (IF EITHER, NOTIFY)  JULY OCC  WHILE AT WORK  22a.1 certify the	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  21  11 WANKE 1 WORK 1 W	P.M.  P.M.  P.N.  P.N.	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	PRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  AND RT. 50, SAI	COUNTY  COUNTY	STATE  (we) lost stoted

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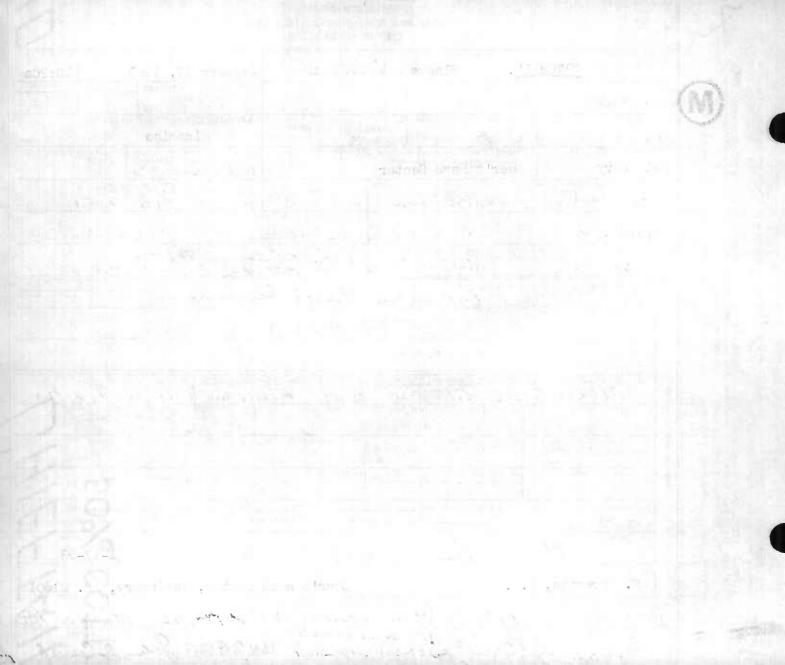
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STATE OF MARYLAND

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) 0005 PHILIP MITCHELL DEATH MATED THE SEX 4 RACE & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED White 1-29-83 Male DEAD BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) Wicomico larvland DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Delmarva Powe NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
ININSULA General Salisbury Hospital ineman USUAL RESIDENCE (IF IN NURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Millsboro 13e STREET ADDRESS 13a. STATE De. Oak Drive YES [] NO [] Sussex 15. MOTHER'S NO DEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Frank Mitchell Martha Mitchell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-16-8743 ww2 Lucille Mitchell - Millsboro. ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion hours IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO X 3 SHOULD BE DEPARTMENT PRIOR TO BUS 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY CATHOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection X Autopsy 22a. I certify that I took charge of the remains described above, held an Accident Undetermined manner TITLE (SPECIFY) 1-31-83 TO FUNERAL D AFTER DEATH, BALTIMORE M ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S MAME Earl L. Camden Ave., Salisbury, Md. Rbyer, M.D. 409 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE Millsboro Cem, Millshor Burial . Del. 24 FUNERAL DIRECTOR Richard Millsboro, De. VR A15 ME (5)1 20M 4/82

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Zip Code 21829

2.9 62 /2 21929 Maryand Was Established Former Trackeyer Programmy WHY water Gradietice of Fore Landon Rel Mallantia Sidney E. Weber Mary F. Commobani tes west supplied Frances hardones Gradletree Mile Burill 1-21-83 Burle 16 Th. Don't But to The Thomas I was seem till the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRST DATE KNOWN MONTH DAY 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Joseph Cyrus Niblett Am an 2 3 SEX 4. RACE 5. DATE OF BIRTH & AGE LINYEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 24 HOUR MONTH LAST BIRTHDAY PRONOUNCED 8A 192 DEAD M W 57 YRS 19 8 Jan WITHIN 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED 2, AND 3 TO THE FUNER 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITH Delaware WIDOWED DIVORCED Wicomico O CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (TYPE OF WORK 11, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Salisbury Santa Fe Drive Route SalesmanFood Dist WITAL RECORDS USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3n STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland YES. NO [ Priscilla 8. GIVE PAGES 1, 2, WITH FORM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Joseph Niblett Hastings Cyrus Sr Ellen Georgia DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Andrews (Sister) 17. INFORMANT IYES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Elsie 216-18-2388 Army WWII Yes Salishury CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BEWENDER AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.
AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
BAJLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Congestive Heart Failure Weeks AMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Morbid Obesity vears gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 210 EXTERNAL CAUSE WAS 21h. TIME OF INIURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion mauiry Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 1-4-83 SIGNATURE M.Deputy MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Rover Salisbury, Earl ADDRESS 407 Camden Ave. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 1-6-1983Md Veteran Cemetery Beulah Md 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Holloway Funeral (VR A15 ME (5)) Home 15M 2/80

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN DAY 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED IX REUBEN NUTTER JR. 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 2d HOUR PRONOUNCED 28 30A 12 Male Black DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wicomico Nanticoke, Md. U.S.A. WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Nanticoke laborer Seafood Box 26, Nutter Rd. 21840 3a STATE Wicomico Nanticoke 13d. INSIDE CITY LIMITS? Md. NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND DIVISION OFWITH MIDDLE Reuben Morris Nutter Sr. Annie White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Korean Conflict 218-24-5790 Eugene Nutter same as above 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN PRISET AND DEATH PART I DEATH WAS CAUSED BY Shotgun Wound of Brain IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) MEDICAL CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USEE AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M MONTH DAY YEAR UNDERLYING Self-inflicted shotgun wound. CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Nutter Rd., Nanticoke, Wic., Md. own home 22¢ I certily that I took charge all the remains described above, held on Autopsy and in my opinion Suicide X death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) DATE 1-21-83 Deputy SIGNATUR Camden Ave., Salisbury, Md. L. Royer, M.D. Earl 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE SPECIFY) BURIAL GREEN ACRES MEM PARK WICOMICO SALISBURY 24 FUNERAL DIRECTOR ADDRESS Rt.#2, Jersey Road DHMH - 17 Funeral Home, Salisbury, Md. (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
1	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
	Nel	da M.	OUTTEN	JANUARY	25,1983 1114 M				
1	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	female	white	Nov. 9, 1922	60 yrs.					
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	RY? 8.  MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH				
5	Virginia	USA	WIDOWED DIVORCED		MD				
)	Salisbury	Peninsula G	sing home or other institution ser address) eneral Hospita	TYPE OF WORK FOR MOST OF WORKING L	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  retired seamstress				
5			oke 13d. Inside city limit	104 Payne Av	renue 21851				
	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	WIDDLE	LAST				
-	Russell	S. Marr			Allen				
	160 WAS DECEASED EVER IN U.S.  [YES, NO OR UNKNOWN] (1F YES.	GIVE WAR OR DATES)		104 Pay	ne Avenue				
	no	[216-14	216-14-9205 Vaughn N. Outten Pocomoke City. Mc						
	PART I. DEATH WAS CAU	DUE TO, OR AS A CONSEC	OUENCE OF VASCUE	ene pissaso	BETWEEN ONSET AND DEATH  36 HRS  40 APR				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	PULMONAMU & DEMA								
	PULMO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO				
		DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART ) OR PART 2)				
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	22a. I certify that (I) (this haspital) attended the deceased from 1,23, 19,83, to 1,25, 19,83, that (I) (we) last saw the deceased alive on 1,25, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
	22b. SIGNATURE	10 0	DEGREE	1775.10.10					
		1 E. Bud	PHYSICIA	MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
	22d. PHYSICIAN'S NAME ITY		22e. ADDRESS						
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DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial /28/83 BP

FOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Baptist

23d. LOCATION CITY OF TOWN

Worcester

Mulson Pocomoke City. Md

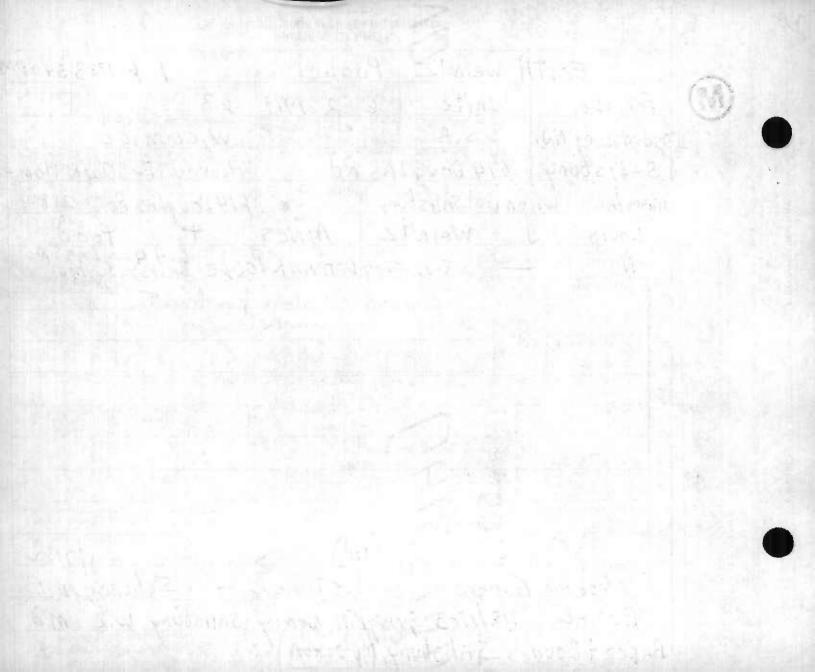
Cem. Pocomoke 250. DATE REC'D. BY REGISTRARDS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) BLANCHE WILSON PARKER DEATH MATED 4. RACE AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE 68 YES PRONOUNCED 2-19-1/1 Female White DEAD BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREJON COUNTRY Wicomico Md. U.S.A. WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS health (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury 13o STATE Wicomico 13d. INSIDE CITY LIMITS? 902 Russell Ave. Salisbury Md. YES X 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 ST DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF LIXAL 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME PAGES 1, ORM PM Marion Robert Messick Wilson 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-18-4426 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Bullet Wound of Brain minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR Self-inflicted gun wound. CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. Russell Ave., "Sallisbury, "Wic., Md" WHILE AT WORK Inspection X Inquiry X and in my apinian 22a. I certify that I took charge of the remains described above, held on Autopsy Suicide X death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-31-83 Deputy MEDICAL EXAMINER SIGNATURE L. Royer, M.D. Camden Ave., Salisbury, Md. Earl 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE burial Parsons Cemetery Salisbury, Wicomico, Md. BP 736. DATE REST. BY REGISTRAN SECURITY OF THE PROPERTY OF THE P 24 FUNERAL DIRECTOR DHMH - 17 Baker-Bounds, Salisbury, Md. (VR A15 ME (5))

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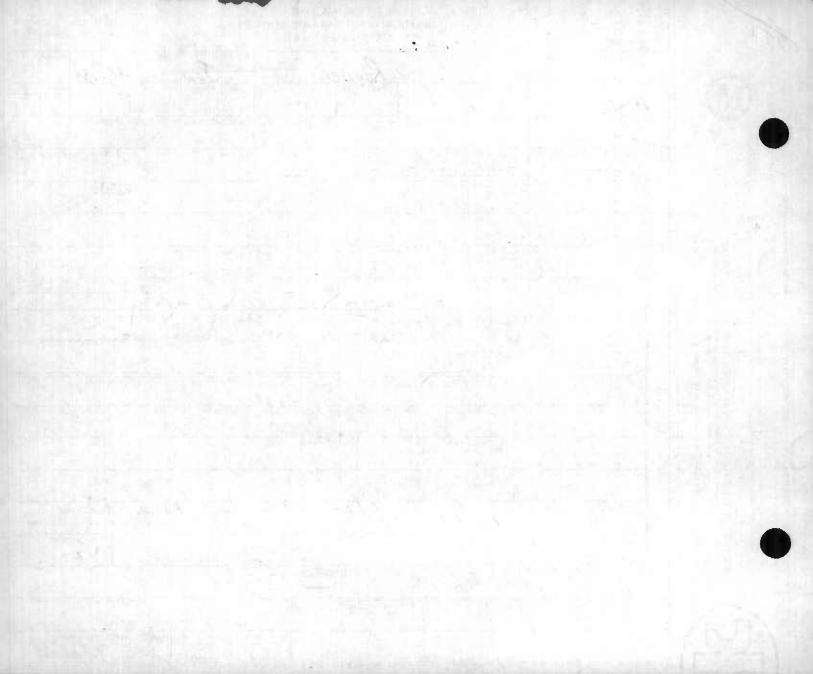


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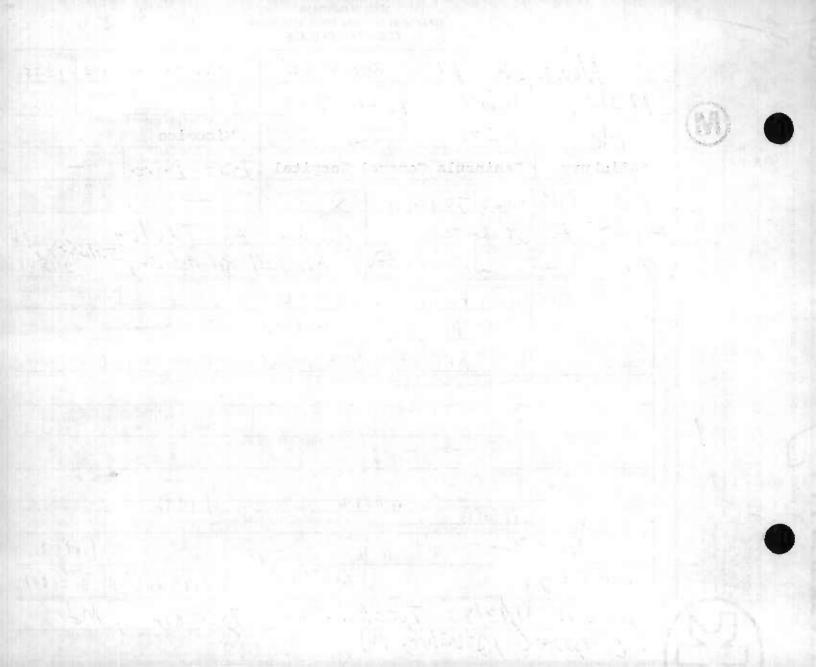
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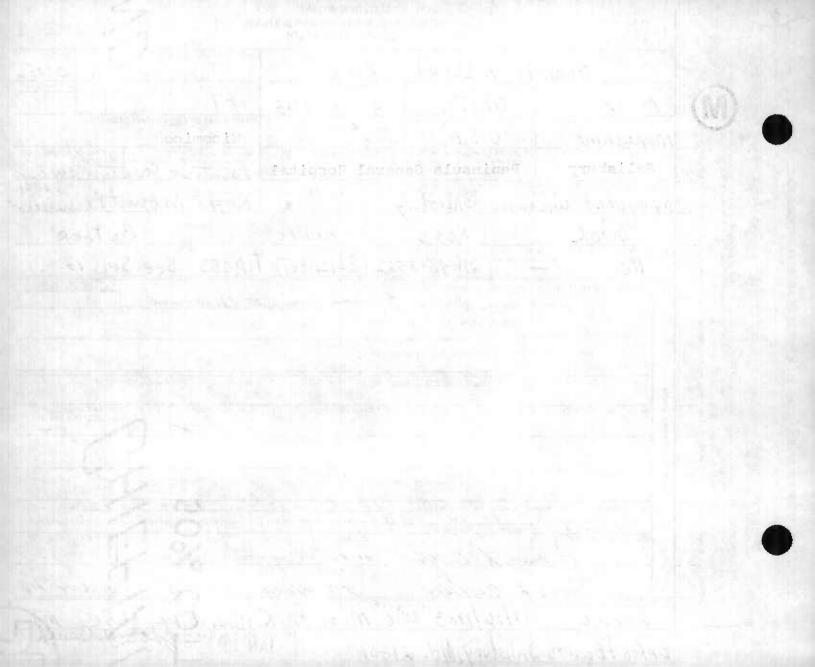
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-ALLEN ROGERS, SR. W. 727<sub>M</sub> DEATH MATED 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 11 White 12 Male 70 10 Th. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Delaware WIDOWED DIVORCED 3 N PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE R. XAMINER ALONG WITH FORM PM.3. FRTAIN PAGE 5 AL. TRANST PERMIT. PAGES 1 AND 2 SHOULD BE FILED. MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Salisbury Peninsula General Hospital store mor shoe dent. USUAL RESIDENCE (16 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Delmar De. NO D Route Sussex YES 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Ira Mary Hastings Rogers 146 SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 222-03-5862 rd2 Delmar. Rogers 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Generalized Arteriosclerosis years gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d CERTIFICATION DEPARTMENT OF HEAD I PRIOR TO BURIAL, CO 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER Earl Rover. Camden Ave., Salisbury, Md. 23a BURIAL CREMATION, REMOVAL 23b. DATE Asbury Church Cemetery Laurel 24 FUNERAL DIRECTOR **DHMH - 17** Windsor & Disharoon, Laurel, De. (VR A15 ME (5) 20M 4/B2

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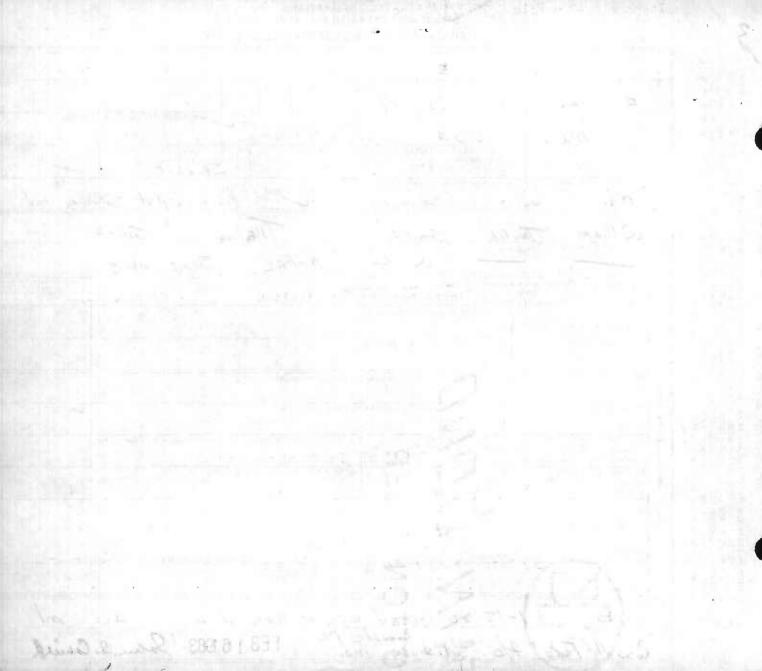
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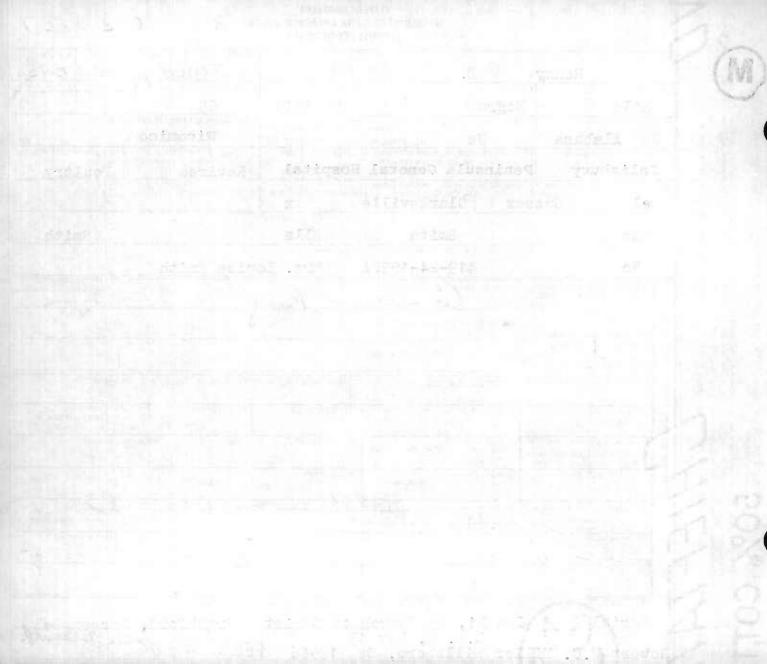


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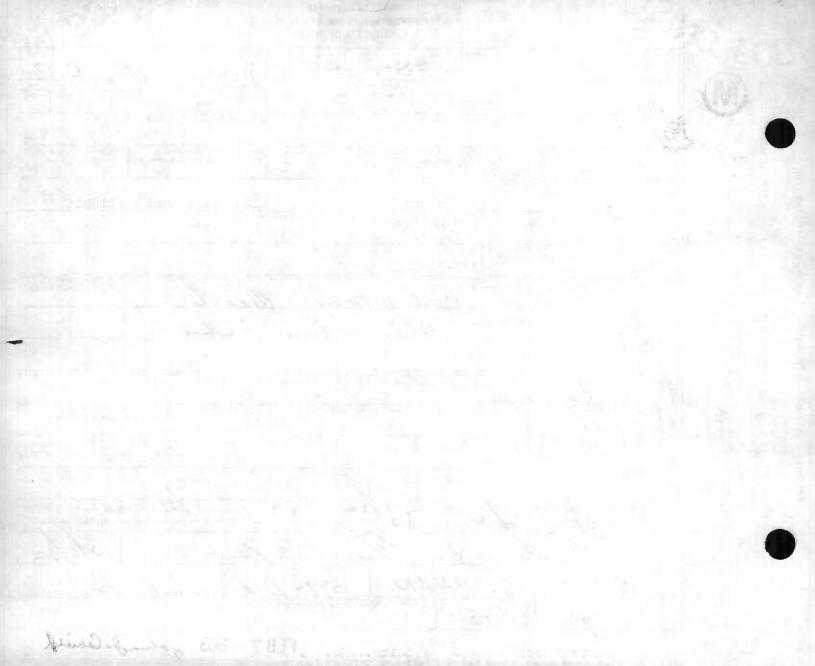
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: A PAFER DEATH, WITH THE ST BACKIMORE, MARYLAND,	14	ACTUAL	(1)	limin	11/	Must	1	Lept	TY CH	hief			DAT	E 1	10 0	7
	Y SEARSHIP		SIGNATURE		COM	DAT	2 Chillis	1	W.D		MEDI	ICAL EXAM	INER	SIG	NED 1-	Tu-8	)
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	DA AD A A	23a.B	URIAL, CREMATIO	N, REMOVAL 231	DATE	- 1	23c. NAME OF C	1		1	23d. LO CITY	CATION			DUNTY	ST	/TE
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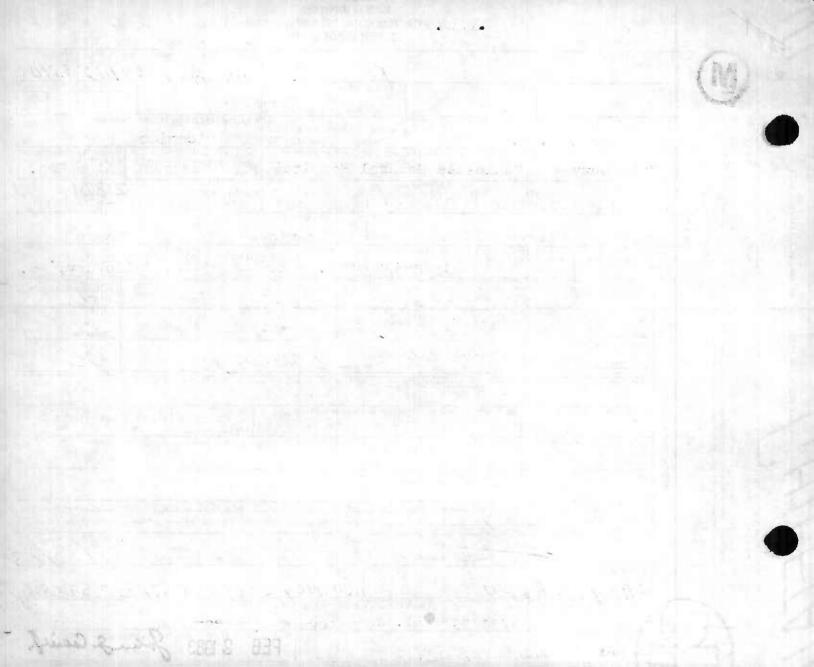


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CR ATTEMDRA Ne bospital or DIRECTOR, At ached for use o Dept. of Health	27 71	to I certify that (I) (this saw the deceased of above, (I) (we) idid) (I) Shaharusa		5 10	83 and that		death occurred o	n the date and ha	our and from the cause	
TO HOSPITAL eloused by the TO FUNERAL should be deter with the State	27	M PHYSICIAN'S NAME	(THANK PRINT)		22e. A	PHYSICIAN DDRESS	DIRECTOR [	PHYSICIAN	1-25	8
DHMH- 16 50M 4/82 (VRA 15, 4)	24. FUN	RIAL, CREMATION, REM C(FY) Burial ERAL DIRECTOR NAME Dert W.C.	Jan 3	1. 83 C	hurch of Box 43	f Christ 25a. DA	23d. LOCATK CITY OR Fran TE REC'D. BY REG	kford	SUSSEX I	STATE DOI



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					STATE OF MARYLAND		0 1 1 12
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with with	2/1	0 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS C
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Class Class	CO.	75	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR		
dang dang dang dang Men	1	MEDICAL	M. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
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DIN Ath	- 1	- 1-	A Particular Control of the Control	ital attended the deceased from	Ten. 3. 1953	10 lan 4	19.53 , that (I) (we) la
THE STATE OF THE S			sow the deceased alive or	1 3, 19	33 , and that in (my) (our) opinion	death occurred on the date and hou	
PA SE TE		7	26. SIGNATURE OF A	of view the body/after death.	DEGREE		224. DATE SIGNED
0 2 0 0 0 0		_	They	inenti	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/4/83
PITA DE GERA		17	24 PHYSICIAN SALAME INTE	SHENI	220. ADDRESS	V AVE	
PEN	/				52,77	Y HUE	7,011
On On the	/	V		ALIFIAN AKIS	SALISA	3 URY MA	21101
0.0	1	(SP	RIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	-		rial	1-7-1983	Siloam Cemetery		omico Nd.
DHMH - 16 50M 4/B2	1	4. PUN	NERAL DIRECTOR	ADDRESS	750. DA	TE REC'D. BY REGISTRAR 256 REGIS	KAK S SIGNATURE
(VRA 15, 4)		HO:	LLOWAY FUNER	RAL HOME SALIS	SBURY MD.	AN DOC O	

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LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME MIDDLE FIRST 2b. HOUR 83 4:10 PM AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEKEEPER 681 W. MAIN ST. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY DW YORK COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNE STAFF DIRECTOR | PHYSICIAN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 ADD#EST (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

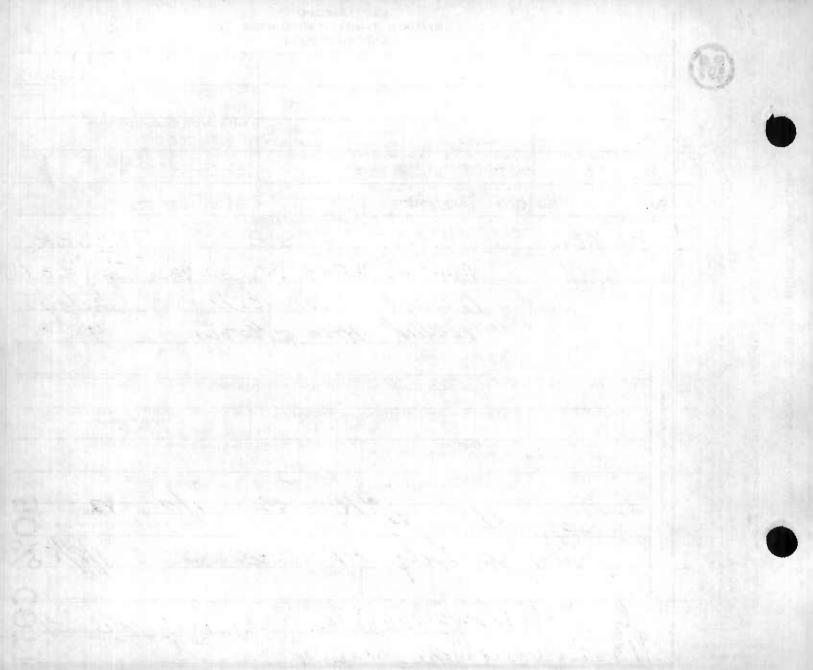
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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH

	1.	FOR - STATE REGISTRAR			DEP		HEALTH AND		IENE 3 S	0	2	3	3	4
		CEASED NAME	FIRST		MIDDLE		LAST	175273	20 DATE OF DEATH	MONTH	DAY Y	EAR 2	b. HOU	)R
		L OKPRINT)	Wali	ace	W.	TUNI	NELL	100	January	7.1983			6	AM
-	1,58	X	4	RACE			OF BIRTH		6. AGE (IN YEARS LAST B		IF UNDER		if under	
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21	10 C	ITY OR TOWN OF DEATH	1 11	. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INS		12a USUAL OCCUPA	TION	12b. K	IND OF I	BUSINE	
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200		ATHER'S NAME		DDLF		1		S MAIDEN NAM	AE .		THE RES			
113	1	Lial	MIL	DDLE	Tunn		E	lsie	Mae		Jo	hns	on	
0	160 V	WAS DECEASED EVER IN				SECURITY NO.	17 INFORMA		ADD	RESS				
2		YES NO OR UNKNOWN) (	IF YES, GIVE W	AR OR DATES)	222-1	0-879	Mrs	Inez	Tunnell	P.O.	Box	: 26	Mi	llls
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9	CERTIFICATION	19a DATE OF OPERATIO	N	196. COND	ITION FOR WI	HICH OPERATI	ON WAS PERFO	PRMED	200 AUTOPSY?	IN CERTI	S, WERE F FYING CA	USES OF	S USED F DEAT	H?
9	7	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	3	JURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PA	RT 2)		
	MEDIC	216 INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK		21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	N	CITY OR T	OWN	COUN	īΥ	51	TATE
		22a.1 certify that (I) (the sow the deceased above, (I, (we) (did)	, , ,	1 /		-	and that in (my)	, 19 <u>62</u> (@r) opinion d	eath accurred on the c	date and hou	19 0 3		uses sto	
		226. SIGNATURE	'n	1.	Wara	J		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI		22c. I	DATE SIG	GNED 1/f	23
1		22d. PHYSICIAN'S NAMI	V	MA	NG M	D .	120 ADDRES		Center. Sa	lishu	rv. A	Ad.	2180	01
	23a 8	BURIAL, CREMATION, REA		23b. DATE	0	TH NAME OF	WEELS		234 LOCATION	11300				
		Burial		Jan 1	1 83	Cem	eterv	y O.M.	Clarksy	1776	COUNTY	200	S1	TATE
	24.5	MERAL DRECTOR	26	0	R.D.	6. Bo	x 43		REC'D. BY REGISTRA		RAPSSI	<b>HAR</b>	E D	el
-	82	theef 11h	N	Jelle	MIT I TUB	poro,	De 199	JAN JAN	1 2 1983	man	ا دان	oher	A.	-

DHMH - 16 50M 1/81 (VRA 15, 4)

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may e	3 58	EX	4 RACE	5 DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
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ding born		4780		/				
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the love nati		Canditions, if any, which gave rise to immediate	(b)					
that the att		couse (o), stating the	DUE TO, OR AS A CONSE	DUENCE OF			LOSS AND	
		underlying couse lost.	(c)					
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e law is beer prior ws an	31 §	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	ZOB AUTOPSY?	206. IF YES, WERE FINDING	GS USER
	7   <u>¥</u>					YEST NOT	IN CERTIFYING CAUSES (	NO I
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SIC 1951 Sert tra tral tal		OR CONTRIBUTING CAUSE OF DE						
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TTEN Il or a USe a USe a Hea			ital) attended the deceased fra	12 0	125 1983	, to		nat (I) (we) lo
		saw the deceased alive or abave. (I) (we) (did) (did or	ot) view the body after death.	83, ond	I that in (my) (our) apinian	death occurred on the de	ate and hour and from the c	auses stated
OR AT hospital DIRECT for OPept. of		226. SIGNATURE	1 . 2	DI	EGREE		22c. DATE S	IGNED ,
AAL he h		( 80 , S	~ N //h	2 11	ATTENDING	MEDICAL STATE	FF 1/	556
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OSF ed to d be		DE 11 TO	OKPRINI)	1101	- 1/A	0.	- / , )	
TO HOSPITAL OR A: retained by the hospital TO FUNERAL DIRECthough by the Manual Director with the State Dept. or IMPORTANT: If Item		DE N//C	0. (H)	410	371-4	Keverze	de Priz	12
F 5 F 4 3 ₹	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE 2	I NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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	24 4	CUNICAL DIRECTOR			25a. DA1	E REC'D. BY REGISTRAR		IRE Y LOT
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(VIIM 10, 4) 1//9	T	runera	I Home, Sali	chines-	na.	1000	0	

STATE OF MARYLAND

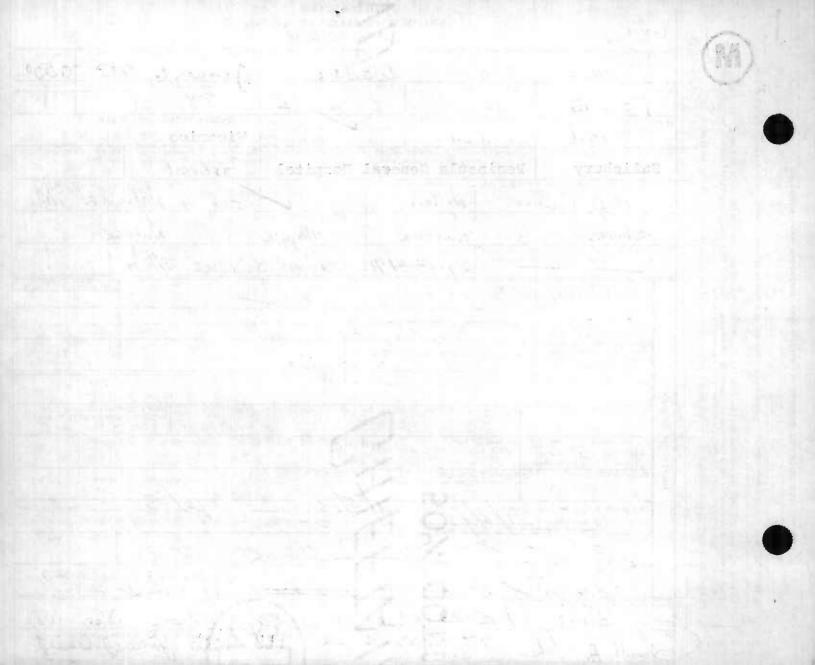
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	I. DEC	CEASED NAME FIRST OR PRINT! Walter	NMN VOL	ENER VOIMER	Jan. 18, 1983	26 HOUR 9:05 amm
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neral dir	C	RTHPLACE (STATE OR FOREIGN JOUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	N BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD.
by the fu	Sa	TY OR TOWN OF DEATH	Deer's Head Ce	ing HOME OR OTHER INSTITUTION et ADDRESS) nter, Salisbury, MD	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE TERMINAL VAN.	126. KIND OF BUSINESS OR INDUSTRY PROF. MOVER
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MARYLAND red within 24 ampletely fille and 2 should	14 FA	THER'S NAME FIRST	MIDDLE VOILME	R MARY	MUSSIC MAN	LAST
BALTIMORE, cate be execut ysician and cappers. Pages 1 yol. it, the medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES!	CURITY NO. 17 INFORMANT -0899 Christina	VMEN - SISTER	- SAME
ph np h	>	PART I. DEATH WAS CAUSE	nly one cause per line (0) (0), (b), (ED BY:		lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON on the death ce by the attending se remove carb cremation, or reading streamont carb		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE	WENCE OF PRICEISEM	1.04	
ING PHYSICIAN: The law requires the attending physician.  After this certificate has been signed be as the burial-transit permit. Then plead the and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, and are all shows any injury, are acked or them 18 shows any injury, are	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM COOL COLLET TO HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
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IVISION O  G PHYSIC  G PHYSIC  attending  ter this cert  s the buriel  and Ment	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE ALWORD	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN hospital are ted for use or of Health em 21 is mon		220.1 certify that the (this hasp saw the deceased alive or	ital attended he deceased from 19	83 , and that in (my) (our) apinion	death occurred on the date and hour	9_83_, that \( \text{h (we) last} \) and from the couses stated
OR by Chep		22b. SIGNATURE	Shrestha	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan. 18, 1983
O HOSPITAL etained by the TO FUNERAL should be deter with the State MAPORTANT.		M. Shrestha,	M.D., Deer's He	ead Center, P. O. Bo	ox 2018, Salisbury	,MD 2801
BP	23a. E	URIAL, CREMATION, REMOVAL SPECIEVI BURIAL	1-21-83 M	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN MILLING	RENT MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	INERAL DIRECTOR  NAME FELLOWS	S SSON MILL	ington MD JA	N 3 1 1983	ARY SICHATURE

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6	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	2 3 3 8
(M)		EASED NAME FIRST	MIDDLE	I AST	20. DATE OF DEATH MONTH DA	E >   - F . 4
1	3. SEX	-	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
ago, grado oma o	Bo BIS	THPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	MONTH 22 944	9. BALTIMORE CITY OR COUNTY C	DEDEATH
45 25 S		OUNTRY) Md	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	7.7.2	MD
other de		alisbury	11. NAME OF HOSPITAL, NU PENINSULA (	RSING HOME OR OTHER INSTITUTION  GREET ADDRESS!  General Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
74 hours	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		FORE ADMISSION) OWN 134. INSIDE CITY LIMITS?		e. kr 21849
ond 2 sh	14. FA	THER'S NAME  JAMES	MIDDLE Nutt	15. MOTHER'S MAIDEN N.		EL LAST
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ficate to hysicial papers naval.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY:	moren entoles		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
uth certi anding p carbon n. or ren natic ev		4/30 IMMEDIAT	DUE TO, OR AS A CONSI		/	
the dec remave remation		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE		ller	
that d by please riol, c		underlying cause last.	(c) (dn	Galle threers		
2 5 7 7		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	V IN PART 110
been sign prior to bu	CATION	PART 2. OTHER SIGNIFICANT C		TO DEATH BUT NOT RELIED TO THE TER		WERE FINDINGS USED
The low require cian.  I have been sign to be the been prior to be the the the the the the the the the th	RTIFICATION	1%, DATE OF OPERATION	19), CONDITION FOR WE	RICH OPERATION WAS PERFORMED	18% AUTOPSY® 18% IF YES. IN CERTIFY! YES NO YES	WERE FINDINGS USED NO CAUSES OF DEATH?
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(VR A 15 (4))

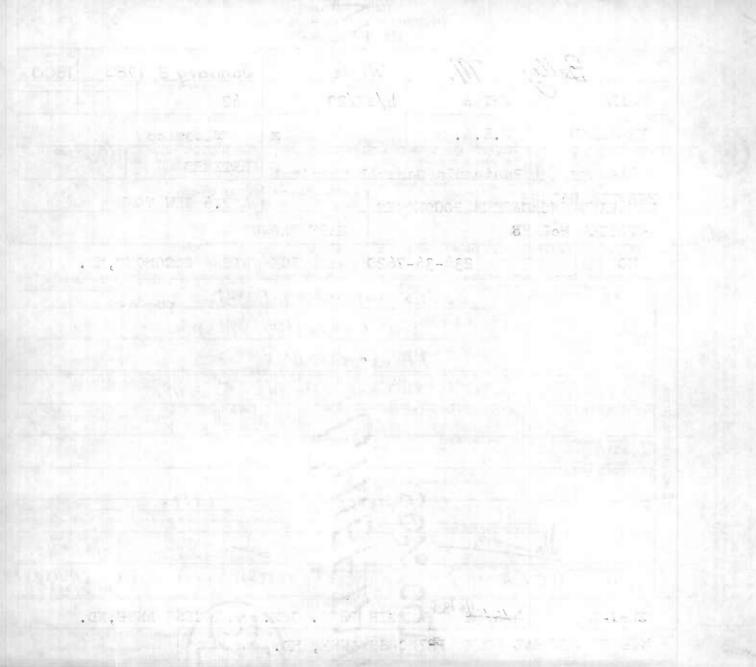
STATE OF MARYLAND

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	1			STATE OF MARYLAND		
_	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	0 2 5 4 0
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The state of	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DOORCED NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATE	ON 126 KIND OF BUSINESS OF
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0 - E .		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	SS
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ohysiciar papers. P moval. ic event,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), a	nd icia	1 0	BETWEEN ONSET AND DEATH
g ph n pa rem rem			E CAUSE (0)	es las an	w acc	celus
ending ph carbon pa bn, or rem traumatic		7360	DUE TO, OR AS A CONSEQU	JENCE OF , -	· 5T-1	′ -
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
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n signed benen please to burial, y injury, c	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
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0 552 7	MEDICAL	21d. INJURY OCCURRED	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
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TOR: use a Heal Theal		saw the deceased alive on	tal attended the deceased from	and that in (my) (our) opinion	death occurred on the de	that (I) (we) lo
DSpi IRE of fo pt. c		776 SIGNATURE	f) view the body after death.	DEGREE		22c. DATE SIGNED
AL DIRECTOR		al Amy	4/11/	WA DALLENDING	MEDICAL STA	15 John 8
State State	1	274 PHYSICIAN'S NAME ITYPE	The state of	PHYSICIAN L	DIRECTOR PHYSIC	IAN
the the						
retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of					Mariacarian	
	230	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		2 UR: 41	1-10.63	pringhill Misserry Co	region Iteles	n Wico Wid.
DHMH-16 25M	24 F	INERAL DIRECTOR	ADDRESS.	[ [ ] [ ] [ ] [ ]	IN 2 0 1983	256. REGISTRAR'S SIGNAPORE
(VRA 15, 4) 1/79	10	L'uton 1. Ste	WAR! WEST Ka	SHISDYRY, Md	111 21 0 1000	V.

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5	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 2 8 4 3
		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
be 3		James		WIDGEON	Jan. 30, 19	
	3. SE)	MALE	WHITE	5. DATE OF BIRTH  MONTH  The pay the p		MONTHS DAYS HOURS MIN.
		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED DEVER MARRIED WIDOWED DIVORCED		INTY OF DEATH
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in 24 hours ly filled in b should be fi	USU/ 13a. S	TATE 110 NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	130. STREET ADDRESS	ANE 21811
within all 2 sh	14. FA	THER'S NAME TOHN H.	WIDGEON	15. MOTHER'S MAIDEN N.	RUCHARDS	OU LAST
ficate be executed physician and compapers. Pages 1 am roval.		(AS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 217-36	WRITY NO. 17 INFORMANT	y Widston	- BERUN
equires that the deoth certificate in signed by the ottending physici. Then please remove corbonopoper to buriol, cremotion, or removal. injury, an other traumatic event, the	2	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)  ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION	GIVEN IN PART 1(g)
n. nos bee permit. ne prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO N
IG PHYSICIAN: The low re offending physician.  Fer this certificate has been as the buriol-transit permit. I and Mental Hygiene prior riked or them 18 shows any in		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITER	N 18 PART I OR PART 2)
r ottending After this os the bur lih and Me or ked or hond me or ked	MEDICAL	214. INJURY OCCURRED  WMILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
00 30 E			al) attended the deceased fram	, 19, ond that in (my) (aur) apinion	, ta, ta	, 19 , that (I) (we) last thour and fram the causes stated
ITAL O by the RAL DI stote Do	100	226. SIGNATURE EN	mitching	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	23- 0	Edward P. Rit		Deer's Head	Center; Salisb	ury, Md. 21801
BP		SPECIAL DIRECTOR	2-2-83	EVERGREEN	ATE REC'D. BY HEGISTIAN THE	WORD MONTE
DHMH - 16 50M 4/82 (VRA 15, 4)	2	12-CRICH	F. H. 13/21		B 7 1983	The state of the s

A THE LAW OF STREET ominaria. BUT TO STORY I SHARE YOUR WELL SHOWING the first the second for the second for the STORY AS A SECOND OF THE SECON Personal and the state of the s 

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illied in by the about be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 shared be tiled with the state Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the haspital as attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 2 8 4 4

FOR CERTIFICATE OF DEATH

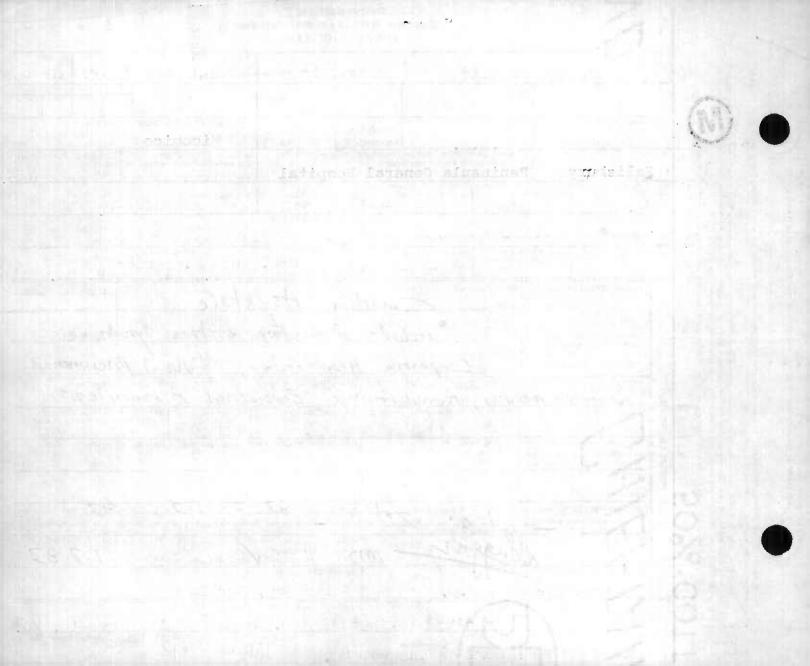
REG. NO.

DECEASED NAME SELL MIDDLE

					REG. NO.		
1. DE	CEASED NAME FIRST	MIDDLE	LAST	2	O. DATE OF DEATH MO	ONTH DAY YE	AR 26 HOUR
1110	Mart	ha	WILLIAMS	130 00	Jan. 19.	. 1983	3:00
3 SE		4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER I	
	temale	Nearo	Sept. 3	YEAR 1911	71	YRS MONTHS I	DATS HOURS M
To BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	'? 8	- 0	BALTIMORE CITY OR		Н
M	Tary and	71.5.A.	MARRIED NEVE	DIVORCED	Wicomico		
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER IN	NSTITUTION 17	USUAL OCCUPATION		ND OF BUSINESS
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USU	AL RESIDENCE HE NURS HALL	THE OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)				0101/
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14. FA	ATHER'S NAME		,	R'S MAIDEN NAME		-	
	James	MIDDLE P. AST	A / .	Mary	MIDDLE	10/10	TAST +
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFOR/	1	ADDRESS	POR	1911
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			ITas	MIE HOC	Vended C.		PROXIMATE INTERVAL VEEN ONSET AND DEAT
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	Conditions, if any, which	(b)					
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	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF				
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	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ		ED TO THE TERMIN	al disease or condit	TION GIVEN IN PAR	RT Iras
TION	cause (a), stating the underlying cause last.	(c)		ED TO THE TERMINA	al disease or condit	TION GIVEN IN PAR	RT I(a)
ICATION	cause (a), stating the underlying cause last.	(c)	DEATH BUT NOT RELAT		20a AUTOPSY? 2	Ob. IF YES, WERE FI	NDINGS USED
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att a dense de la constant grand to the substitution of the second A CONTRACT OF THE PROPERTY OF THE AMERICAN Electric at 6227 (Learning to South Feet at 2014). The resolution THE WILL STREET IN THE STREET and the spile of a land of the second standard

	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	2845
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
eath death		James	Irving	WORDEN	JANUARY	7,1953 0800M
	3. SE	M	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 6 1 1898	6. AGE (IN YEARS LAST BIRTHDAY)  Q // YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	1 0	RTHPLACE (STATE OR FOREIGN OUNTRY)  Massachusetts	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH
by the for	10 C	ty or town of death Salisbury	11. NAME OF HOSPITAL NUE	ISING HOME OR OTHER INSTITUTION REET ADDRESS! Eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
E, MARYLAND 2120 uted within 24 hours completely filled in b 1 and 2 should be fil	USU: 13a, S 1 14. FA	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR	NTY 13c. CITY OR T	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? SELTY YES NO   15. MOTHER'S MAIDEN NA	Repairman  13 STREET ADDRESS  408 A Deborah  MIDDLE  Elizabeth	21801
, BALTIMORE, N icate be execute hysician and car papers. Pages 1, avol. ent, the medical	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS Ruth M. Word rah Dr. Salis	ien
201 W. PRESTON ST. es that the death certified by the offending please remove carbon urial, cremation, ar rem	CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	ought Kespinalon;	MINAL DISEASE OR CONDITION G MINAL	Indiame  Ind
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ALOR ATTENDI the hospital or the hospital or LI DIRECTOR: A teached for use te Dept. of Heal		saw the deceased alive an	tol) offended the deceased fro	DEGREE  ATTENDING	death occurred on the date and ha	our and from the causes stated
O HOSPITAL TO FUNERAL should be deter with the State			ggar, M.D.	22. ADDRESS Salisbury	, Maryland	
BP	Í	URIAL, CREMATION, REMOVAL SUrial	1-9-1983	Springhill Mem.	23d LOCATION CITY OR TOWN Gardens Salis	bury Wic: Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR  LLOWAY FUNER	RAL HOME Sali		AN 1 STREET AN 25 DECT	THAK SHEMOORIU



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AND SO -		Arylan		0,0	11-	2010110115	WIDOWED L	DIVORC		OGCUPATIO			ŅD OF BUS	MD
SER RES		ITY OR TOWN		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET_ADDRESS)	, OR OTHER INS	HIUHON	FOR MOS	T OF WORKING L	IF (TYPE OF W	ORK 120 A	RINDUSTR	) al k
AY DELA DO 3 TO I TAIN PR		Rivert		R OTHER INSTITUTION, GIV					Ket	Ireu	NELAU	UAREV	owen	-1981
D. 21201 I. IF ANY DELAY IS N. 2, AND 3 TO THE FL. 3. RETAIN PAGE 5. 2 SHOULD BE FILED. AL RECORDS, 201-10.		TATE		omico	Marc	OD TOWAL	prings	SIDE CITY LIMITS?	Br:	ADDRESS S	St.	2	183	7
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BALTIMORE, MD. JRS AFTER DEATH. IF 8. GIVE PAGES 1, 2, 11. VAITH FORM DIVISION OF VITAL	16a	WAS DECEASED	DEVER IN U.S. ARA			IAN SECURITY		FORMANT	- 10		DRESS			
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NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CATE, WRITING THE WORD." PENDING". IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2, AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAINER SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECOMEND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN IN PA	ART I (a)					
PEN	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	TION FOR	WHICH OPER	ATION WAS PER	RFORMED?				20	AUTOPSY?	2370
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OF V	7 8		AL CAUSE WAS	216. TIME OF	INJURY	DAY YEAR	21c. HOW IN.	JURY OCCURRE	ED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		77.5
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E THE VIEW		22a Leartii	fu that I took chara	e of the remains des	cribed abo	ve held on	Autopsy	], Inspectio	· X	Inquiry X	ond in	my opinion		31
EXAMINER: CERTIFICAT JLD BE FOR DIRECTOR: WITH THE		death results		ol sources X	Accident			domicide .		nined monner	[	my opinion		
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MEDI ECUTE GE 4 FUNE	7	EXAMINER'S (TYPE OR PRI	NAME Earl	L. Roy	er,	M.D.	ADDRE	ss 409	Camde	n Ave	., 58	TTTSD	ury,	Ma.
TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23 a. l	SURIAL, CREMA	TION, REMOVAL 2	36 PATE /	23c. 1	NAME OF CE	AETERY OR CRE	1.5	23d. LOCA	ATION TOWN		COUNTY	STA	<b>N</b> TE
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(VR A15 ME (5))	В	aker-E	Bounds,	Salisbu	ry,	Md. X	1801	JAN	1 9 13	0				

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oy be		Mars	garet R. ZWALLY					1-12		12:	
4 mo	3. SE	(	4. RACE		5. DATE (	DAY	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DATS	IF UNDE
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	70. BI	RTHPLACE INTATE OF FOREIGN COUNTRY, L'ENNESSEE	76 CITIZEN OF WHAT COUNTRY?		MARRIE	MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
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و الله الله الله الله الله الله الله الل	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		TITUTION	120 USUAL OCCUPATION  125 KIND OF BUS  110 INDUSTRY			BUSIN		
5 2 = 5		LISBURY, MD.	SALISBURY NURSING HOME ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)					Technician Fed. Gov			GOV
24 hou ould be must be	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL			VN	N 134 INSIDE CIT			3e STREET ADDRESS 317-319 Camden Ave		
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ed with	4	. 1/	Payne		burn	Roc	ia	Del	la	McCulley	7
ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMA	INT	-		Rivers	
Pog a	,	YES, NO OR UNKNOWN) (IF YES, G	244-72-3872 Helen McFa				n McFar				
gned by the otte on please remove burial, cremation ry, or other troum	-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEOU		NOT RELATED	O THE TERM	MANOTSEASE OR	CONDITION GIV	VEN IN PART 110	
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A contract of		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY A. MONTH D	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART 2)	
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